TRADITION BACKED BY SCIENCE

SYMPTOM, SIGN, AND SOLUTION

A CLINICAL GUIDE TO 400 COMMON DISEASES AND EVIDENCE-BASED HERBAL TREATMENTS

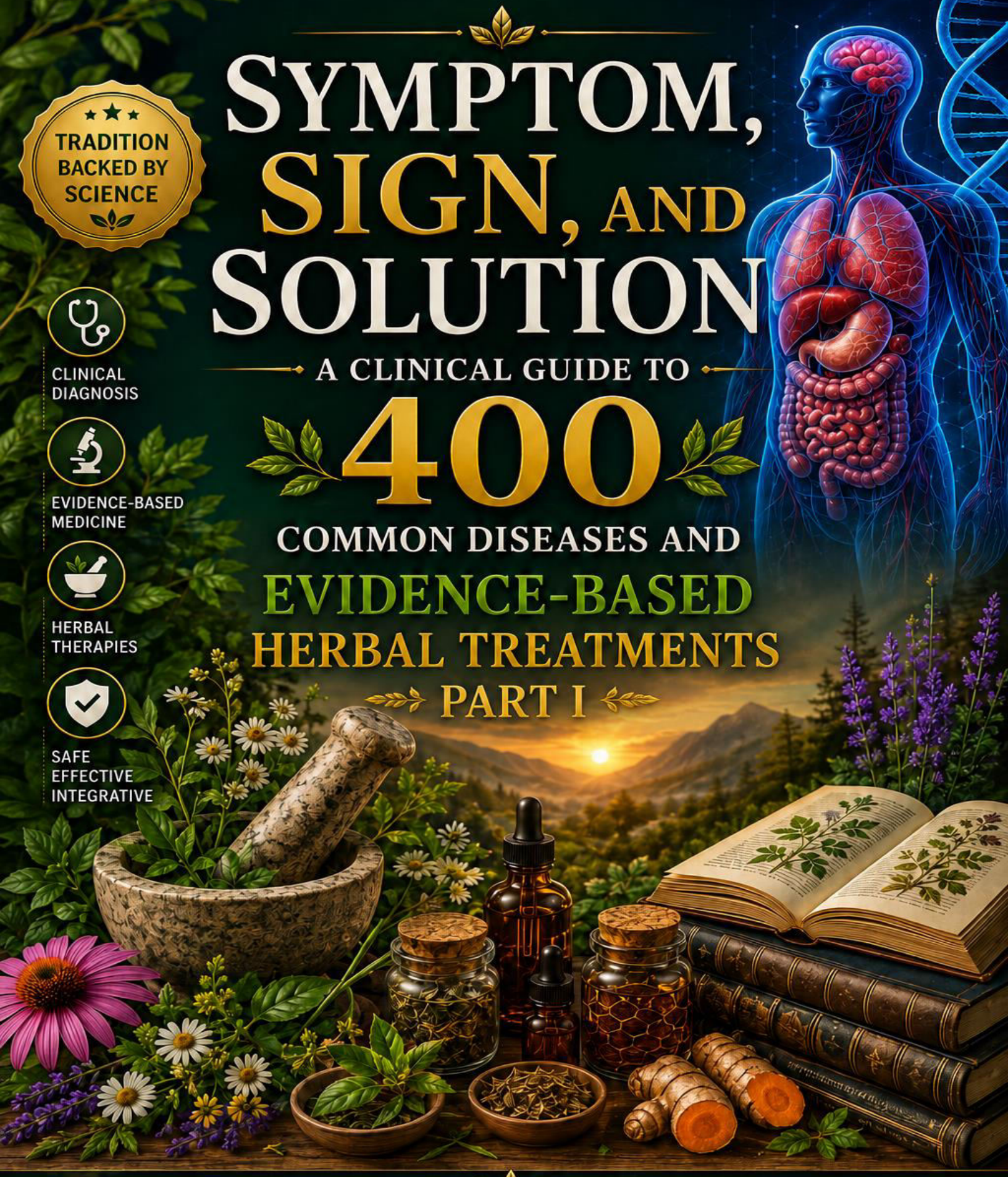
PART I

CLINICAL DIAGNOSIS

EVIDENCE-BASED MEDICINE

HERBAL THERAPIES

SAFE EFFECTIVE INTEGRATIVE



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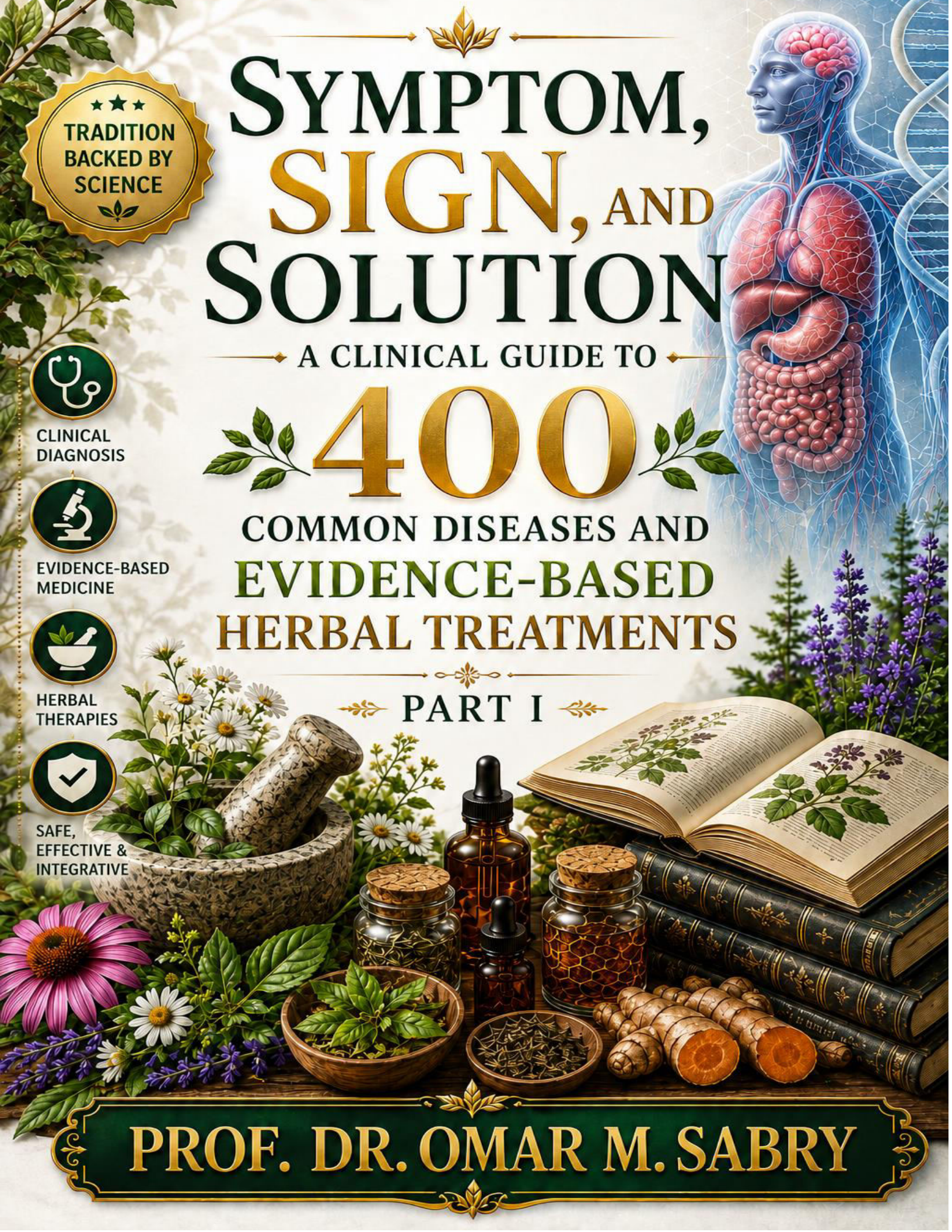

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Symptom, Sign, and Solution: A Clinical Guide to 400 Common Diseases and Evidence-Based Herbal Treatments

Clinical note: Herbal interventions are adjunctive and do not replace diagnosis, emergency care, surgery, antimicrobial therapy, oncology protocols, endocrine replacement, anticoagulation, or other standard medical treatment when indicated. Doses are typical adult ranges and require individualization.

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Introduction

Symptom, Sign, and Solution: Bridging Clinical Medicine and Evidence-Based Herbal Therapeutics

Modern healthcare exists at the intersection of escalating chronic disease burden, increasing therapeutic complexity, rising polypharmacy, antimicrobial resistance, and renewed public interest in natural medicine. Across the globe, patients frequently seek complementary therapeutic strategies for symptom relief, disease prevention, functional recovery, and quality-of-life improvement. In response to this growing need, *Symptom, Sign, and Solution: A Clinical Guide to 400 Common Diseases and Evidence-Based Herbal Treatments* was developed as a clinically structured, scientifically grounded, and evidence-informed handbook integrating conventional diagnostic principles with rational phytotherapeutic interventions.

Unlike traditional herbal manuals organized solely by medicinal plants or therapeutic categories, this book adopts a **disease-centered alphabetical clinical model**, covering **400 common acute, chronic, metabolic, infectious, inflammatory, neurological, endocrine, cardiovascular, gastrointestinal, respiratory, dermatological, reproductive, musculoskeletal, and psychiatric conditions**. Each disease chapter is structured around a unified clinical template including: **symptoms, physical diagnosis, laboratory diagnosis, evidence-based medicinal herbs, active phytochemicals, mechanisms of action, dosage, method of use, contraindications, herb–drug interactions, level of evidence, and references**. This format transforms phytotherapy from a purely traditional discipline into a practical clinical decision-support framework.

The Global Burden of Disease and the Need for Integrative Therapeutics

The epidemiological transition from infectious diseases toward chronic noncommunicable disorders has substantially increased healthcare demands worldwide. Disorders such as hypertension, diabetes mellitus, obesity, osteoarthritis, chronic pain syndromes, neurodegenerative disorders, gastrointestinal diseases, anxiety, depression, and reproductive dysfunction collectively account for the majority of disability-adjusted life years (DALYs) globally. Simultaneously, chronic inflammation, oxidative stress, metabolic

dysregulation, immune dysfunction, endothelial injury, and mitochondrial impairment have emerged as common mechanistic denominators across multiple disease states.

Conventional medicine remains indispensable for diagnosis, emergency intervention, surgery, antimicrobial therapy, oncology, endocrinology, and critical care. However, many chronic disorders still require adjunctive strategies to improve symptom control, reduce inflammatory burden, support physiological resilience, and minimize adverse effects associated with long-term pharmacotherapy. Herbal medicine increasingly occupies this complementary role.

Approximately **80% of the global population uses medicinal plants for some aspect of primary healthcare**, while modern pharmaceutical sciences continue to derive therapeutic inspiration from plant secondary metabolites. Contemporary phytotherapy therefore represents a convergence between **traditional ethnomedicine and modern molecular pharmacology**, supported by advances in phytochemical characterization, systems biology, metabolomics, and clinical evidence synthesis.

Qualitative and Quantitative Foundations of Herbal Medicine

A major challenge in herbal therapeutics lies in variability of composition, standardization, and evidence quality. Historically, herbal medicine relied heavily on empirical tradition. In contrast, this textbook adopts a **comparative qualitative and quantitative framework**, emphasizing not only *which herbs are traditionally used*, but also *how they work mechanistically, what active compounds are involved, and the extent of available scientific evidence*.

For example, inflammatory disorders such as **osteoarthritis, rheumatoid arthritis, tendinopathies, and chronic pain syndromes** frequently include herbs rich in anti-inflammatory phytochemicals such as **curcuminoids (Curcuma longa), boswellic acids (Boswellia serrata), gingerols (Zingiber officinale), salicylates (Salix spp.), and flavonoids**. These compounds exert measurable pharmacological actions through modulation of **NF-κB, cyclooxygenase (COX), lipoxygenase (LOX), tumor necrosis factor-α (TNF-α), interleukin signaling, oxidative stress pathways, and matrix metalloproteinases**.

Similarly, cardiometabolic disorders—including **dyslipidemia, hypertension, metabolic syndrome, obesity, diabetes mellitus, and atherosclerosis—**are associated with

phytochemicals such as **catechins, berberine, cinnamaldehyde, anthocyanins, flavonoids, and soluble fibers**, many of which demonstrate quantitative improvements in biomarkers including glycemic control, inflammatory mediators, endothelial function, lipid profiles, and oxidative stress indices.

Respiratory and infectious disorders frequently employ herbs with antimicrobial, antiviral, secretolytic, bronchodilatory, and immunomodulatory actions. Examples include **thyme (thymol), ivy leaf (hederacosides), elderberry (anthocyanins), pelargonium (umckalin), echinacea (alkylamides), peppermint (menthol), and tea tree oil (terpinen-4-ol)**. These interventions often serve as supportive care strategies for symptom management rather than replacements for antibiotics, antivirals, or emergency respiratory treatment.

Neurological and psychiatric conditions—including anxiety, insomnia, cognitive decline, mild depression, stress disorders, and neurodegenerative syndromes—illustrate another important comparative domain. Herbs such as **lavender, valerian, lemon balm, saffron, Rhodiola, ashwagandha, and Ginkgo biloba** exert effects through **GABAergic modulation, serotonergic pathways, HPA-axis regulation, antioxidant neuroprotection, mitochondrial support, and cerebral microcirculatory enhancement**.

Evidence-Based Phytotherapy: From Tradition to Clinical Translation

One of the major goals of this guide is to distinguish **traditional plausibility from clinical evidence**. Not all herbs possess equal scientific support. Therefore, the text categorizes evidence according to the strength of available literature, ranging from **traditional use and mechanistic plausibility to observational studies, randomized clinical trials, meta-analyses, and monograph-supported therapeutic recommendations**.

Particular emphasis is placed on internationally recognized sources including **WHO Monographs on Selected Medicinal Plants, EMA/HMPC herbal assessments, NCCIH resources, Cochrane Reviews, peer-reviewed clinical trials, and pharmacognostic literature**. This approach allows clinicians, pharmacists, herbal practitioners, and researchers to critically evaluate therapeutic claims while avoiding misinformation and overgeneralization.

Importantly, the guide adopts a **clinical safety-first philosophy**. Herbal therapies are presented as **adjunctive interventions rather than replacements for standard medical care**, particularly in emergency medicine, severe infections, oncology, autoimmune crises, endocrine insufficiency, anticoagulation management, and life-threatening disorders. Special consideration is given to **contraindications, pregnancy safety, organ dysfunction, herb–drug interactions, anticoagulant risks, hepatotoxicity, nephrotoxicity, CYP450 modulation, and polypharmacy concerns**.

Toward Precision Herbal Medicine

The future of phytotherapy increasingly lies in **precision and personalization**. Variability in genetics, microbiome composition, disease phenotype, metabolism, sex differences, comorbidities, and concurrent medications significantly influence therapeutic outcomes. As metabolomics, pharmacogenomics, artificial intelligence, and systems pharmacology continue to evolve, herbal medicine is transitioning from generalized empirical use toward **mechanistically informed, patient-specific interventions**.

In this context, *Symptom, Sign, and Solution* seeks to function not merely as a herbal encyclopedia, but as a **clinically oriented translational reference** linking symptoms and diagnostic signs to scientifically grounded therapeutic options. By integrating **clinical medicine, pharmacognosy, phytochemistry, pharmacology, toxicology, and evidence-based therapeutics**, the present work aims to provide healthcare professionals, pharmacists, students, researchers, and informed patients with a practical yet scientifically rigorous roadmap for responsible herbal medicine.

Ultimately, the philosophy underlying this book is simple but clinically important: **accurate diagnosis must precede treatment, symptoms should be interpreted within disease mechanisms, and herbal interventions should be selected according to evidence, safety, mechanism, and patient context rather than anecdote alone**. Through this integrative approach, medicinal plants may serve as valuable adjuncts in improving patient outcomes, symptom management, and overall quality of life within modern healthcare systems.

Alphabetically Arranged 400-Diseases

1. Abscess

Symptoms: Pain, functional impairment, constitutional or organ-specific symptoms depending on severity.

Physical diagnosis: History, risk-factor assessment, physical examination, severity grading, red-flag exclusion, standard clinical criteria.

Lab diagnosis: CBC, CRP/ESR, metabolic panel, urinalysis, culture, imaging, ECG, endoscopy, spirometry, or disease-specific test as indicated.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Ginger: COX/LOX modulation. Turmeric: NF-κB/COX-2/TNF-α down-regulation. Green tea: catechin antioxidant and anti-inflammatory modulation.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO monographs; EMA/HMPC monographs; NCCIH Herbs at a Glance; MedlinePlus Natural Medicines.

2. Achilles tendinopathy

Symptoms: Heel pain, stiffness, swelling during activity.

Physical diagnosis: Tendon tenderness, ROM and gait evaluation.

Lab diagnosis: Ultrasound/MRI if chronic or rupture suspected.

Herbs used (most effective): Arnica; Turmeric; Ginger; Boswellia.

Active phytochemicals: Arnica: sesquiterpene lactones; helenalin; Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Boswellia: boswellic acids AKBA/KBA.

Mechanism: Anti-inflammatory and analgesic effects.

Dose: Arnica: Topical gel/cream 2–3 times/day; Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Boswellia: 300–500 mg extract 2–3 times/day.

Method of use: Arnica: Topical only on intact skin; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Boswellia: Oral anti-inflammatory adjunct.

Contraindications: Arnica: Broken skin, pregnancy, Asteraceae allergy; oral use unsafe; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Boswellia: Pregnancy caution; GI upset.

Interactions: Arnica: Minimal topical; allergy/irritation possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Boswellia: Anticoagulants/NSAIDs caution.

Evidence: Arnica: Monograph-supported bruise/sprain topical evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Boswellia: Moderate supportive osteoarthritis/inflammatory pain evidence.

References: EMA/HMPC Arnica/Boswellia; NCCIH; WHO.

3. Acne vulgaris

Symptoms: Erythema, itching, scaling, papules/plaques, pain, discharge, delayed healing, cosmetic concern.

Physical diagnosis: Dermatologic inspection, lesion morphology/distribution, severity scoring; rule out infection/systemic disease.

Lab diagnosis: KOH microscopy/culture, swab culture if purulent, biopsy if atypical, allergy patch test when indicated.

Herbs used (most effective): Tea tree; Aloe vera; Calendula; Turmeric.

Active phytochemicals: Tea tree: terpinen-4-ol; alpha-terpineol; Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Calendula: triterpenoids; flavonoids; carotenoids; Turmeric: curcuminoids; turmerones.

Mechanism: Tea tree: terpinen-4-ol antimicrobial/anti-inflammatory. Aloe vera: polysaccharide wound-healing. Calendula: epithelial repair. Turmeric: NF-κB/COX-2 inhibition.

Dose: Tea tree: 5% topical gel/cream or diluted oil 1–5%; Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Turmeric: Curcumin 500–1,000 mg/day with food.

Method of use: Tea tree: Topical only; patch test; avoid ingestion; Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Calendula: Topical or local rinse for skin/mucosa; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations.

Contraindications: Tea tree: Pregnancy/infants caution; allergy; broken deep wounds; Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Calendula: Asteraceae allergy; deep infected wounds need care; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution.

Interactions: Tea tree: Minimal systemic interaction topically; skin irritation possible; Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Calendula: Minimal topical interactions; allergy possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients.

Evidence: Tea tree: Moderate topical evidence for acne; supportive antimicrobial evidence; Aloe vera: Supportive to moderate wound/skin evidence; Calendula: Monograph-

supported wound and mucosal evidence; Turmeric: Moderate supportive anti-inflammatory evidence.

References: Carson CF et al.; Surjushe A et al.; EMA/HMPC Calendula; WHO; NCCIH turmeric.

4. Actinic keratosis

Symptoms: Rough scaly skin lesions on sun-exposed areas.

Physical diagnosis: Dermatologic examination.

Lab diagnosis: Skin biopsy if suspicious for malignancy.

Herbs used (most effective): Green tea; Aloe vera; Calendula.

Active phytochemicals: Green tea: EGCG; catechins; L-theanine; caffeine; Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Calendula: triterpenoids; flavonoids; carotenoids.

Mechanism: Antioxidant and epithelial support.

Dose: Green tea: 1–3 cups/day or standardized extract per label; Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared.

Method of use: Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Calendula: Topical or local rinse for skin/mucosa.

Contraindications: Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Calendula: Asteraceae allergy; deep infected wounds need care.

Interactions: Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Calendula: Minimal topical interactions; allergy possible.

Evidence: Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Aloe vera: Supportive to moderate wound/skin evidence; Calendula: Monograph-supported wound and mucosal evidence.

References: NCCIH green tea; EMA/HMPC Calendula; WHO.

5. Acute bronchitis

Symptoms: Cough, wheeze, dyspnea, rhinorrhea, congestion, sore throat, fever, sputum.

Physical diagnosis: ENT/chest exam, oxygen saturation, respiratory rate, auscultation.

Lab diagnosis: COVID/flu testing, throat culture/rapid strep, CBC/CRP, chest X-ray, spirometry if indicated.

Herbs used (most effective): Echinacea; Elderberry; Thyme; Ivy leaf; Pelargonium; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Elderberry: anthocyanins; flavonoids; Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Butterbur: petasins; isopetasins.

Mechanism: Echinacea: immunomodulation. Elderberry: antiviral flavonoids. Thyme: expectorant phenolics. Ivy: saponin secretolytic/bronchodilator. Pelargonium: mucociliary/anti-adhesion. Butterbur: leukotriene allergy support.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Elderberry: Syrup/extract per label for short-term viral symptoms; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Elderberry: Oral short-term adjunct; avoid raw unripe berries; Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Elderberry: Autoimmune disease caution; raw berries cause GI toxicity; Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Elderberry: Immunosuppressants caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.

Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Elderberry: Supportive evidence for viral symptom duration; Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.

References: Cochrane reviews; EMA/HMPC Echinacea/Thyme/Ivy/Pelargonium; NCCIH; WHO.

6. Acute gastroenteritis

Symptoms: Abdominal pain, bloating, nausea, vomiting, diarrhea, dehydration.

Physical diagnosis: Abdominal exam, hydration assessment, alarm-feature screening.

Lab diagnosis: CBC, electrolytes, stool culture/tests, inflammatory markers if indicated.

Herbs used (most effective): Peppermint oil; Ginger; Psyllium; Chamomile; Licorice DGL.

Active phytochemicals: Peppermint oil: menthol; menthone; Ginger: gingerols; shogaols; Psyllium: soluble arabinoxylan fiber; mucilage; Chamomile: apigenin; bisabolol; chamazulene; Licorice DGL: glycyrrhizin; glabridin; flavonoids.

Mechanism: Peppermint: calcium-channel antispasmodic. Ginger: antiemetic 5-HT3/motility effects. Psyllium: stool normalization. Chamomile: antispasmodic/anti-inflammatory. Licorice DGL: mucosal protection.

Dose: Peppermint oil: Enteric oil 0.2–0.4 mL 2–3 times/day or tea 1–3 cups/day; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Psyllium: 5–10 g/day with 250 mL water; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Licorice DGL: DGL 380 mg before meals; topical 1–2% for pigment/skin.

Method of use: Peppermint oil: Oral enteric capsules for IBS cramps; tea for dyspepsia; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Psyllium: Oral with abundant water; separate from medicines; Chamomile: Oral tea or topical/local compress/rinse; Licorice DGL: Prefer DGL for gastric/mucosal use; separate from BP-sensitive patients.

Contraindications: Peppermint oil: GERD, hiatal hernia, gallbladder obstruction caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Psyllium: Bowel obstruction, dysphagia, inadequate fluid intake; Chamomile: Asteraceae allergy; sedative caution; Licorice DGL: Hypertension, hypokalemia, CKD, heart failure unless DGL/topical.

Interactions: Peppermint oil: May worsen reflux; may affect CYP metabolism in high doses; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Psyllium: Reduces absorption of many drugs; separate by 2 hours; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Licorice DGL: Interacts with diuretics, digoxin, corticosteroids, antihypertensives.

Evidence: Peppermint oil: Moderate evidence for IBS pain; monograph digestive support; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Psyllium: Strong evidence for constipation and lipid support; Chamomile: Monograph-supported calming/GI/skin evidence; Licorice DGL: Supportive mucosal evidence; safety depends on formulation.

References: Ford AC et al.; Lete I & Allué J; EMA/HMPC; NCCIH; WHO.

7. Acute kidney injury

Symptoms: Oliguria/polyuria, fatigue, edema, flank pain, abnormal renal labs.

Physical diagnosis: Vitals, renal/metabolic exam, medication review, hydration assessment.

Lab diagnosis: Creatinine/eGFR, electrolytes, urinalysis, urine culture, renal imaging.

Herbs used (most effective): Cinnamon; Fenugreek; Milk thistle; Cranberry; Green tea.

Active phytochemicals: Cinnamon: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Fenugreek: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Milk thistle: silymarin; silibinin; Cranberry: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Cinnamon: insulin-signaling modulation. Fenugreek: soluble fiber/glycemic effects. Milk thistle: antioxidant cytoprotection. Cranberry: anti-adhesion in UTI prevention. Green tea: catechin antioxidant effects.

Dose: Cinnamon: Use standardized adult dose per product monograph; start low and monitor; Fenugreek: Use standardized adult dose per product monograph; start low and monitor; Milk thistle: 140 mg 2–3 times/day standardized extract; Cranberry: Use standardized adult dose per product monograph; start low and monitor; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Cinnamon: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Fenugreek: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis; Cranberry: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Cinnamon: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Fenugreek: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Milk thistle: Acute liver failure without care; Asteraceae allergy; Cranberry: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Cinnamon: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Fenugreek: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution; Cranberry: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Cinnamon: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Fenugreek: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Milk thistle: Supportive hepatoprotective evidence; Cranberry: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; MedlinePlus; WHO; EMA/HMPC.

8. Acute liver injury

Symptoms: Fatigue, jaundice, abdominal pain, nausea, abnormal liver enzymes.

Physical diagnosis: Abdominal/hepatic exam, medication/toxin review.

Lab diagnosis: ALT/AST, bilirubin, ALP, INR, albumin, viral hepatitis tests, imaging.

Herbs used (most effective): Cinnamon; Fenugreek; Milk thistle; Cranberry; Green tea.

Active phytochemicals: Cinnamon: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Fenugreek: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Milk thistle: silymarin; silibinin; Cranberry: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Milk thistle: silymarin antioxidant hepatoprotection. Green tea: catechin antioxidant modulation. Cinnamon/Fenugreek: metabolic support.

Dose: Cinnamon: Use standardized adult dose per product monograph; start low and monitor; Fenugreek: Use standardized adult dose per product monograph; start low and monitor; Milk thistle: 140 mg 2–3 times/day standardized extract; Cranberry: Use standardized adult dose per product monograph; start low and monitor; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Cinnamon: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Fenugreek: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis; Cranberry: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Cinnamon: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Fenugreek: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Milk thistle: Acute liver failure without care; Asteraceae allergy; Cranberry: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Cinnamon: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Fenugreek: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution; Cranberry: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Cinnamon: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Fenugreek: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Milk thistle: Supportive hepatoprotective evidence; Cranberry: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH milk thistle/green tea; MedlinePlus; WHO; EMA/HMPC.

9. Acute otitis media

Symptoms: Ear pain, fever, irritability, reduced hearing, otorrhea.

Physical diagnosis: Otoscopy showing bulging/inflamed tympanic membrane; fever assessment.

Lab diagnosis: Usually clinical; culture if discharge or recurrent/severe disease.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Ginger: anti-inflammatory COX/LOX modulation. Turmeric: NF-κB/COX-2 suppression. Green tea: antioxidant/anti-inflammatory catechins.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO monographs; EMA/HMPC; NCCIH.

10. Acute sinusitis

Symptoms: Nasal congestion, facial pain/pressure, purulent discharge, cough, fever.

Physical diagnosis: ENT exam, sinus tenderness, nasal inspection.

Lab diagnosis: Usually clinical; imaging/culture for severe, recurrent, or complicated cases.

Herbs used (most effective): Echinacea; Elderberry; Thyme; Ivy leaf; Pelargonium; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Elderberry: anthocyanins; flavonoids; Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Butterbur: petasins; isopetasins.

Mechanism: Immunomodulatory, antiviral, expectorant, secretolytic, mucociliary, leukotriene-modulating actions.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Elderberry: Syrup/extract per label for short-term viral symptoms; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Elderberry: Oral short-term adjunct; avoid raw unripe berries; Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Elderberry: Autoimmune disease caution; raw berries cause GI toxicity; Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Elderberry: Immunosuppressants caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.
Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Elderberry: Supportive evidence for viral symptom duration; Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.
References: Cochrane reviews; EMA/HMPC; NCCIH; WHO.

11. Acute stress reaction

Symptoms: Anxiety, palpitations, insomnia, emotional distress.
Physical diagnosis: Mental-status exam and trigger assessment.
Lab diagnosis: Usually clinical.
Herbs used (most effective): Ashwagandha; Lavender; Lemon balm; Rhodiola.
Active phytochemicals: Ashwagandha: withanolides; withaferin A; Lavender: linalool; linalyl acetate; Lemon balm: rosmarinic acid; citral; flavonoids; Rhodiola: rosavins; salidroside.
Mechanism: Adaptogenic HPA-axis modulation and anxiolysis.
Dose: Ashwagandha: 300–600 mg/day standardized root extract; Lavender: Oral lavender oil 80 mg/day or aromatherapy; Lemon balm: 300–600 mg/day or tea 1–3 cups/day; Rhodiola: 200–400 mg/day morning.
Method of use: Ashwagandha: Oral adaptogen; monitor thyroid/sedation; Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Lemon balm: Oral calming/sleep/GI adjunct; Rhodiola: Oral adaptogen/fatigue adjunct.
Contraindications: Ashwagandha: Pregnancy, hyperthyroidism, autoimmune disease caution, liver injury history; Lavender: Pregnancy caution; sedative use; Lemon balm: Hypothyroidism caution; sedatives; Rhodiola: Bipolar disorder, anxiety/insomnia if stimulating.

Interactions: Ashwagandha: Sedatives, thyroid drugs, immunosuppressants, antidiabetics; Lavender: Sedatives/alcohol; CNS depressants; Lemon balm: Sedatives and thyroid medications caution; Rhodiola: Stimulants, antidepressants, antihypertensives.

Evidence: Ashwagandha: Moderate supportive stress/sleep evidence; Lavender: Moderate evidence for anxiety; supportive sleep evidence; Lemon balm: Supportive anxiety/sleep/GI evidence; Rhodiola: Supportive fatigue/stress evidence.

References: EMA/HMPC Lavender/Lemon balm; NCCIH; WHO.

12. Adenomyosis

Symptoms: Heavy bleeding, pelvic pain, dysmenorrhea.

Physical diagnosis: Pelvic examination.

Lab diagnosis: Ultrasound/MRI.

Herbs used (most effective): Ginger; Turmeric; Cinnamon.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Cinnamon: polyphenols; flavonoids; terpenoids or condition-relevant constituents.

Mechanism: Anti-inflammatory and prostaglandin suppression.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Cinnamon: Use standardized adult dose per product monograph; start low and monitor.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Cinnamon: Use as adjunct after diagnosis; prefer standardized products and clinician supervision.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Cinnamon: Pregnancy, lactation, children, severe disease and organ failure require professional guidance.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Cinnamon: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Cinnamon: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition.

References: NCCIH; WHO.

13. Adhesive capsulitis

Symptoms: Shoulder pain and stiffness.

Physical diagnosis: Reduced active and passive ROM.

Lab diagnosis: X-ray/MRI if needed.

Herbs used (most effective): Turmeric; Ginger; Boswellia; Capsaicin.

Active phytochemicals: Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Boswellia: boswellic acids AKBA/KBA; Capsaicin: capsaicinoids.

Mechanism: Anti-inflammatory analgesic effects.

Dose: Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Boswellia: 300–500 mg extract 2–3 times/day; Capsaicin: 0.025–0.075% cream 2–4 times/day.

Method of use: Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Boswellia: Oral anti-inflammatory adjunct; Capsaicin: Topical to intact skin; wash hands; avoid eyes.

Contraindications: Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Boswellia: Pregnancy caution; GI upset; Capsaicin: Broken skin, mucosa, severe irritation.

Interactions: Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Boswellia: Anticoagulants/NSAIDs caution; Capsaicin: Minimal systemic; additive skin irritation.

Evidence: Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Boswellia:

Moderate supportive osteoarthritis/inflammatory pain evidence; Capsaicin: Moderate evidence for neuropathic and musculoskeletal pain.

References: EMA/HMPC; NCCIH; WHO.

14. Adrenal fatigue–like symptoms (non-diagnostic syndrome)

Symptoms: Fatigue, low stress tolerance, poor concentration.

Physical diagnosis: Fatigue and endocrine assessment.

Lab diagnosis: Thyroid, CBC, cortisol if clinically indicated.

Herbs used (most effective): Ashwagandha; Rhodiola; Ginseng.

Active phytochemicals: Ashwagandha: withanolides; withaferin A; Rhodiola: rosavins; salidroside; Ginseng: ginsenosides.

Mechanism: Adaptogenic stress-axis modulation.

Dose: Ashwagandha: 300–600 mg/day standardized root extract; Rhodiola: 200–400 mg/day morning; Ginseng: 200–400 mg/day standardized extract.

Method of use: Ashwagandha: Oral adaptogen; monitor thyroid/sedation; Rhodiola: Oral adaptogen/fatigue adjunct; Ginseng: Oral adaptogen/fatigue/sexual function adjunct.

Contraindications: Ashwagandha: Pregnancy, hyperthyroidism, autoimmune disease caution, liver injury history; Rhodiola: Bipolar disorder, anxiety/insomnia if stimulating; Ginseng: Insomnia, uncontrolled hypertension, bipolar disorder caution.

Interactions: Ashwagandha: Sedatives, thyroid drugs, immunosuppressants, antidiabetics; Rhodiola: Stimulants, antidepressants, antihypertensives; Ginseng: Anticoagulants, antidiabetics, stimulants.

Evidence: Ashwagandha: Moderate supportive stress/sleep evidence; Rhodiola: Supportive fatigue/stress evidence; Ginseng: Supportive fatigue/metabolic evidence.

References: NCCIH; WHO.

15. Adult acne

Symptoms: Persistent inflammatory acne after adolescence, often jawline/chin distribution, nodules, post-inflammatory hyperpigmentation.

Physical diagnosis: Dermatologic acne grading; assessment of menstrual association, hirsutism, seborrhea.

Lab diagnosis: Androgen profile, DHEAS, testosterone, LH/FSH, insulin resistance tests if PCOS suspected.

Herbs used (most effective): Tea tree, green tea, spearmint, aloe vera.

Active phytochemicals: Terpinen-4-ol, EGCG, rosmarinic acid, polysaccharides.

Mechanism: Antimicrobial against Cutibacterium acnes, sebostatic, antiandrogenic and anti-inflammatory effects.

Dose: Tea tree gel 5% once/twice daily; green tea 2 cups/day or topical EGCG; spearmint tea 1–2 cups/day; aloe gel thin layer daily.

Method of use: Topical-first adjunct; oral spearmint/green tea for hormonal-sebaceous support.

Contraindications: Sensitive skin, essential-oil allergy, pregnancy caution with concentrated extracts.

Interactions: Minimal topical; green tea extract caution with hepatotoxic drugs.

Evidence: Moderate for topical tea tree; supportive for green tea/spearmint.

References: Carson et al.; NCCIH; WHO; dermatologic phytotherapy reviews.

16. Adult ADHD supportive care

Symptoms: Inattention, poor organization, impulsivity, restlessness, emotional dysregulation.

Physical diagnosis: Adult ADHD rating scales, psychiatric and sleep assessment.

Lab diagnosis: No diagnostic lab; screen TSH, ferritin, B12, sleep disorders if indicated.

Herbs used (most effective): Green tea, Rhodiola, lemon balm.

Active phytochemicals: L-theanine/catechins, salidroside/rosavins, rosmarinic acid.

Mechanism: Mild attention/stress support, adaptogenic fatigue reduction, anxiolytic calming.

Dose: Green tea 1–2 cups morning; Rhodiola 200–400 mg morning; lemon balm 300 mg evening if anxiety/insomnia.

Method of use: Oral adjunct; avoid overstimulation; combine with behavioral treatment.

Contraindications: Bipolar disorder/mania risk with stimulating adaptogens; severe anxiety.

Interactions: Stimulant medications, sedatives, antihypertensives.

Evidence: Limited supportive evidence; not replacement for ADHD pharmacotherapy.

References: NCCIH; WHO.

17. Age-related macular degeneration supportive care

Symptoms: Central vision distortion, blurred vision, reading difficulty.

Physical diagnosis: Visual acuity, Amsler grid, fundus examination.

Lab diagnosis: OCT, fundus photography, fluorescein angiography if indicated.

Herbs used (most effective): Bilberry, green tea, saffron.

Active phytochemicals: Anthocyanins, catechins, crocin/crocetin.

Mechanism: Retinal antioxidant, microvascular and photoreceptor support.

Dose: Bilberry extract 80–160 mg/day; green tea 1–2 cups/day; saffron 20–30 mg/day.

Method of use: Oral adjunct with ophthalmology monitoring and AREDS-style nutrition when appropriate.

Contraindications: Anticoagulant use caution with high-dose supplements.

Interactions: Ginkgo/bilberry-like products may increase bleeding tendency.

Evidence: Supportive; strongest evidence remains standard ophthalmic care/nutritional protocols.

References: NCCIH; WHO; ophthalmic nutrition reviews.

18. Agitation

Symptoms: Restlessness, irritability, anxiety, insomnia.

Physical diagnosis: Mental-status exam, medication review.

Lab diagnosis: Thyroid, CBC, metabolic panel if indicated.

Herbs used (most effective): Lemon balm; Lavender; Valerian.

Active phytochemicals: Lemon balm: rosmarinic acid; citral; flavonoids; Lavender: linalool; linalyl acetate; Valerian: valerenic acids; iridoids.

Mechanism: GABAergic calming and anxiolytic support.

Dose: Lemon balm: 300–600 mg/day or tea 1–3 cups/day; Lavender: Oral lavender oil 80 mg/day or aromatherapy; Valerian: 400–600 mg extract at bedtime or tea.

Method of use: Lemon balm: Oral calming/sleep/GI adjunct; Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Valerian: Oral bedtime sleep adjunct.

Contraindications: Lemon balm: Hypothyroidism caution; sedatives; Lavender: Pregnancy caution; sedative use; Valerian: Pregnancy, liver disease caution, driving/sedation.

Interactions: Lemon balm: Sedatives and thyroid medications caution; Lavender: Sedatives/alcohol; CNS depressants; Valerian: Sedatives, alcohol, benzodiazepines, hypnotics.

Evidence: Lemon balm: Supportive anxiety/sleep/GI evidence; Lavender: Moderate evidence for anxiety; supportive sleep evidence; Valerian: Moderate supportive sleep evidence.

References: EMA/HMPC; NCCIH; WHO.

19. Alcohol-related gastritis

Symptoms: Epigastric pain, nausea, bloating.

Physical diagnosis: Abdominal exam, alcohol history.

Lab diagnosis: H. pylori testing, liver function, CBC.

Herbs used (most effective): Licorice DGL; Chamomile; Ginger.

Active phytochemicals: Licorice DGL: glycyrrhizin; glabridin; flavonoids; Chamomile: apigenin; bisabolol; chamazulene; Ginger: gingerols; shogaols.

Mechanism: Mucosal protection and anti-inflammatory GI support.

Dose: Licorice DGL: DGL 380 mg before meals; topical 1–2% for pigment/skin; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day.

Method of use: Licorice DGL: Prefer DGL for gastric/mucosal use; separate from BP-sensitive patients; Chamomile: Oral tea or topical/local compress/rinse; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation.

Contraindications: Licorice DGL: Hypertension, hypokalemia, CKD, heart failure unless DGL/topical; Chamomile: Asteraceae allergy; sedative caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution.

Interactions: Licorice DGL: Interacts with diuretics, digoxin, corticosteroids, antihypertensives; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP.

Evidence: Licorice DGL: Supportive mucosal evidence; safety depends on formulation; Chamomile: Monograph-supported calming/GI/skin evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence.

References: EMA/HMPC; NCCIH; WHO.

20. Allergic bronchitis

Symptoms: Cough, wheeze, chest tightness triggered by allergens.

Physical diagnosis: Chest exam, allergy history.

Lab diagnosis: Spirometry, IgE/eosinophils, allergy testing.

Herbs used (most effective): Butterbur, thyme, ivy, nettle.

Active phytochemicals: Petasins, thymol, saponins, flavonoids.

Mechanism: Leukotriene modulation, expectorant, anti-inflammatory support.

Dose: PA-free butterbur 50 mg twice/day; thyme tea 1–2 g 3 times/day; nettle leaf 2–4 g/day.

Method of use: Oral adjunct; avoid replacing inhalers.

Contraindications: Liver disease with butterbur; asthma exacerbation.

Interactions: Sedatives/allergy medications caution depending product.

Evidence: Supportive; strongest for allergic rhinitis/migraine rather than bronchitis.

References: NCCIH Butterbur; EMA/HMPC Thyme/Nettle.

21. Allergic conjunctivitis

Symptoms: Itching, redness, tearing, eyelid swelling, watery discharge.

Physical diagnosis: Eye inspection, conjunctival injection, allergy history.

Lab diagnosis: Usually clinical; allergy testing if persistent/recurrent.

Herbs used (most effective): Echinacea; Elderberry; Thyme; Ivy leaf; Pelargonium; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Elderberry: anthocyanins; flavonoids; Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Butterbur: petasins; isopetasins.

Mechanism: Butterbur: leukotriene-mediated allergy support; others provide immune/anti-inflammatory adjunct effects.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Elderberry: Syrup/extract per label for short-term viral symptoms; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium:

EPs 7630 or standardized extract per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Elderberry: Oral short-term adjunct; avoid raw unripe berries; Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Elderberry: Autoimmune disease caution; raw berries cause GI toxicity; Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Elderberry: Immunosuppressants caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.

Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Elderberry: Supportive evidence for viral symptom duration; Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.

References: Cochrane reviews; EMA/HMPC; NCCIH; WHO.

22. Allergic rhinitis

Symptoms: Sneezing, rhinorrhea, nasal itching, congestion, itchy eyes.

Physical diagnosis: Nasal mucosa exam, allergy history, trigger assessment.

Lab diagnosis: IgE testing or skin-prick testing when indicated.

Herbs used (most effective): Echinacea; Elderberry; Thyme; Ivy leaf; Pelargonium; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Elderberry: anthocyanins; flavonoids; Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Butterbur: petasins; isopetasins.

Mechanism: Butterbur: leukotriene modulation; Echinacea: immune modulation; Thyme/Ivy/Pelargonium: airway secretolytic/supportive actions.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Elderberry: Syrup/extract per label for short-term viral symptoms; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Elderberry: Oral short-term adjunct; avoid raw unripe berries; Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Elderberry: Autoimmune disease caution; raw berries cause GI toxicity; Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Elderberry: Immunosuppressants caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.

Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Elderberry: Supportive evidence for viral symptom duration; Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.

References: Cochrane reviews; EMA/HMPC; NCCIH; WHO.

23. Allergic skin rash

Symptoms: Itching, redness, wheals or eczematous rash after allergen exposure.

Physical diagnosis: Skin morphology, trigger/exposure history, distribution.

Lab diagnosis: Patch testing or IgE testing if recurrent/severe.

Herbs used (most effective): Chamomile, calendula, aloe vera, nettle.

Active phytochemicals: Apigenin, triterpenes, polysaccharides, flavonoids.

Mechanism: Anti-inflammatory, soothing, barrier repair, antihistamine-like support.

Dose: Aloe gel twice/day; calendula ointment 1–2 times/day; chamomile compress; nettle leaf tea 2–4 g/day.

Method of use: Topical adjunct; oral nettle for recurrent allergic tendency.

Contraindications: Anaphylaxis, widespread blistering, infected rash.

Interactions: Chamomile/nette allergy possible; sedatives with chamomile in high intake.

Evidence: Supportive traditional and monograph evidence.

References: EMA/HMPC Calendula/Chamomile/Nettle; NCCIH; WHO.

24. Alopecia areata

Symptoms: Patchy hair loss, smooth bald patches, nail pitting.

Physical diagnosis: Scalp/hair examination, pull test, dermoscopy.

Lab diagnosis: TSH, ferritin, CBC, autoimmune screening if clinically indicated.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Anti-inflammatory and antioxidant modulation; supportive only.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH; MedlinePlus.

25. Alzheimer disease

Symptoms: Memory loss, cognitive decline, impaired daily function, behavioral changes.

Physical diagnosis: Cognitive testing, neurological exam, functional assessment.

Lab diagnosis: CBC, TSH, B12, metabolic panel; neuroimaging; specialist biomarkers if indicated.

Herbs used (most effective): St John's wort; Valerian; Lavender; Lemon balm; Ginkgo.

Active phytochemicals: St John's wort: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Valerian: valerenic acids; iridoids; Lavender: linalool; linalyl acetate; Lemon balm: rosmarinic acid; citral; flavonoids; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Ginkgo: antioxidant/vascular/cholinergic support. Lemon balm: cholinergic/GABA calming. Lavender/Valerian: sleep/anxiety support.

Dose: St John's wort: Use standardized adult dose per product monograph; start low and monitor; Valerian: 400–600 mg extract at bedtime or tea; Lavender: Oral lavender oil 80 mg/day or aromatherapy; Lemon balm: 300–600 mg/day or tea 1–3 cups/day; Ginkgo: 120–240 mg/day standardized extract.

Method of use: St John's wort: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Valerian: Oral bedtime sleep adjunct; Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Lemon balm: Oral calming/sleep/GI adjunct; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: St John's wort: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Valerian: Pregnancy, liver disease caution, driving/sedation; Lavender: Pregnancy caution; sedative use; Lemon balm: Hypothyroidism caution; sedatives; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: St John's wort: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Valerian: Sedatives, alcohol,

benzodiazepines, hypnotics; Lavender: Sedatives/alcohol; CNS depressants; Lemon balm: Sedatives and thyroid medications caution; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: St John's wort: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Valerian: Moderate supportive sleep evidence; Lavender: Moderate evidence for anxiety; supportive sleep evidence; Lemon balm: Supportive anxiety/sleep/GI evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: Linde K et al.; EMA/HMPC Hypericum/Valeriana; NCCIH; WHO.

26. Amenorrhea

Symptoms: Absent menstruation, infertility, pelvic symptoms depending on cause.

Physical diagnosis: Gynecologic/endocrine exam, pregnancy exclusion, medication review.

Lab diagnosis: Pregnancy test, FSH/LH, prolactin, TSH, estradiol, pelvic ultrasound.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Anti-inflammatory/metabolic support only; not replacement for endocrine diagnosis.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics

and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH.

27. Anal fissure

Symptoms: Painful defecation, rectal bleeding.

Physical diagnosis: Perianal inspection.

Lab diagnosis: Usually clinical.

Herbs used (most effective): Aloe vera; Psyllium; Chamomile.

Active phytochemicals: Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Psyllium: soluble arabinoxylan fiber; mucilage; Chamomile: apigenin; bisabolol; chamazulene.

Mechanism: Stool softening, mucosal healing and anti-inflammatory support.

Dose: Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Psyllium: 5–10 g/day with 250 mL water; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed.

Method of use: Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Psyllium: Oral with abundant water; separate from medicines; Chamomile: Oral tea or topical/local compress/rinse.

Contraindications: Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Psyllium: Bowel obstruction, dysphagia, inadequate fluid intake; Chamomile: Asteraceae allergy; sedative caution.

Interactions: Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Psyllium: Reduces absorption of many drugs; separate by 2 hours; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake.

Evidence: Aloe vera: Supportive to moderate wound/skin evidence; Psyllium: Strong evidence for constipation and lipid support; Chamomile: Monograph-supported calming/GI/skin evidence.

References: EMA/HMPC Psyllium; NCCIH; WHO.

28. Anal itching

Symptoms: Perianal itching, irritation, burning, excoriation.

Physical diagnosis: Perianal inspection; hemorrhoids, fissure, dermatitis or infection assessment.

Lab diagnosis: Stool/parasite test, fungal test or glucose screen if recurrent.

Herbs used (most effective): Witch hazel, aloe vera, calendula, chamomile.

Active phytochemicals: Tannins, polysaccharides, triterpenes, apigenin.

Mechanism: Astringent, anti-inflammatory, soothing and epithelial repair.

Dose: Witch hazel topical pads 1–3 times/day; aloe/calendula thin layer twice/day; chamomile sitz bath.

Method of use: Topical/local care plus hygiene and moisture control.

Contraindications: Rectal bleeding, severe pain, suspected infection.

Interactions: Minimal topical; allergy possible.

Evidence: Supportive monograph evidence.

References: EMA/HMPC Witch hazel/Calendula/Chamomile; WHO.

29. Angina pectoris

Symptoms: Chest pain/pressure, dyspnea, exertional discomfort, radiation to arm/jaw.

Physical diagnosis: Cardiovascular exam, BP, risk scoring, ECG assessment.

Lab diagnosis: ECG, troponin if acute, lipid profile, HbA1c, stress testing/imaging as indicated.

Herbs used (most effective): Garlic; Hawthorn; Green tea; Hibiscus; Ginkgo.

Active phytochemicals: Garlic: allicin; ajoene; organosulfur compounds; Hawthorn: oligomeric procyanidins; flavonoids; vitexin; Green tea: EGCG; catechins; L-theanine; caffeine; Hibiscus: anthocyanins; hibiscus acid; polyphenols; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Garlic: lipid/platelet/endothelial effects. Hawthorn: vasodilatory/inotropic antioxidant support. Green tea: lipid/endothelial effects. Hibiscus: vasorelaxant/ACE-like effects. Ginkgo: microcirculatory/antiplatelet effects.

Dose: Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Hawthorn: 160–900 mg/day standardized extract; Green tea: 1–3 cups/day or standardized extract per label;

Hibiscus: Tea 1–3 cups/day or extract per label; Ginkgo: 120–240 mg/day standardized extract.

Method of use: Garlic: Oral with food; cardiovascular/metabolic adjunct; Hawthorn: Oral cardiovascular adjunct only under supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Hibiscus: Oral antihypertensive/metabolic adjunct; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: Garlic: Bleeding disorders, pre-surgery, anticoagulants; Hawthorn: Unstable cardiac disease without medical care; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Hibiscus: Pregnancy caution, hypotension; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Hawthorn: May interact with digoxin, beta-blockers, nitrates, antihypertensives; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Hibiscus: May add to antihypertensives/diuretics; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: Garlic: Moderate cardiovascular/metabolic supportive evidence; Hawthorn: Moderate supportive evidence in mild heart-failure symptoms; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Hibiscus: Moderate supportive BP evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: Ried K et al.; Pittler MH et al.; NCCIH; EMA/HMPC; WHO.

30. Angioedema

Symptoms: Swelling of lips, face, airway or extremities.

Physical diagnosis: Airway assessment and swelling evaluation.

Lab diagnosis: Allergy testing, C4/C1 esterase inhibitor if hereditary suspected.

Herbs used (most effective): Chamomile; Nettle.

Active phytochemicals: Chamomile: apigenin; bisabolol; chamazulene; Nettle: flavonoids; lignans; minerals; lectins.

Mechanism: Mild anti-inflammatory and antihistamine-supportive effects.

Dose: Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Nettle: Leaf 2–4 g/day; root 300–600 mg/day.

Method of use: Chamomile: Oral tea or topical/local compress/rinse; Nettle: Oral tea/extract; leaf urinary/allergy, root prostate support.

Contraindications: Chamomile: Asteraceae allergy; sedative caution; Nettle: CKD/fluid restriction caution; pregnancy caution.

Interactions: Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Nettle: Diuretics, lithium, antihypertensives, antidiabetics.

Evidence: Chamomile: Monograph-supported calming/GI/skin evidence; Nettle: Monograph-supported urinary support; supportive allergy/BPH evidence.

References: EMA/HMPC Nettle; WHO. Clinical pearl: Airway-threatening angioedema is an emergency.

31. Ankle sprain

Symptoms: Pain, swelling, bruising, instability.

Physical diagnosis: Ligament testing, Ottawa ankle rules.

Lab diagnosis: X-ray if fracture suspected.

Herbs used (most effective): Arnica; Turmeric; Ginger; Capsaicin.

Active phytochemicals: Arnica: sesquiterpene lactones; helenalin; Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Capsaicin: capsaicinoids.

Mechanism: Anti-inflammatory and analgesic effects.

Dose: Arnica: Topical gel/cream 2–3 times/day; Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Capsaicin: 0.025–0.075% cream 2–4 times/day.

Method of use: Arnica: Topical only on intact skin; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Capsaicin: Topical to intact skin; wash hands; avoid eyes.

Contraindications: Arnica: Broken skin, pregnancy, Asteraceae allergy; oral use unsafe; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Capsaicin: Broken skin, mucosa, severe irritation.

Interactions: Arnica: Minimal topical; allergy/irritation possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients;

Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Capsaicin: Minimal systemic; additive skin irritation.

Evidence: Arnica: Monograph-supported bruise/sprain topical evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Capsaicin: Moderate evidence for neuropathic and musculoskeletal pain.

References: EMA/HMPC Arnica; NCCIH; WHO.

32. Ankylosing spondylitis

Symptoms: Inflammatory back pain, morning stiffness, reduced spinal mobility.

Physical diagnosis: Spine/SI joint exam, Schober test, posture and mobility assessment.

Lab diagnosis: ESR/CRP, HLA-B27, pelvic X-ray/MRI.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Ginger: COX/LOX anti-inflammatory effects. Turmeric: NF-κB/COX-2/TNF-α suppression. Green tea: antioxidant cytokine modulation.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH.

33. Anorexia nervosa

Symptoms: Weight loss, food restriction, body-image disturbance, amenorrhea, fatigue.

Physical diagnosis: BMI, nutritional status, psychiatric assessment, vital signs.

Lab diagnosis: CBC, electrolytes, renal/liver function, ECG, endocrine markers.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Ginger may support nausea/appetite symptoms; turmeric/green tea antioxidant support only.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH.

34. Anxiety disorder

Symptoms: Anxiety, insomnia, fatigue, autonomic symptoms, impaired function.

Physical diagnosis: Mental-status exam, validated anxiety scales, sleep/substance review.

Lab diagnosis: TSH, CBC, B12, vitamin D, metabolic panel when indicated.

Herbs used (most effective): St John's wort; Valerian; Lavender; Lemon balm; Ginkgo.

Active phytochemicals: St John's wort: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Valerian: valerenic acids; iridoids; Lavender: linalool; linalyl acetate; Lemon balm: rosmarinic acid; citral; flavonoids; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: St John's wort: monoamine reuptake modulation. Valerian: GABAergic sedative action. Lavender: serotonergic/calcium-channel anxiolytic effects. Lemon balm: GABA/cholinergic calming. Ginkgo: antioxidant/vascular support.

Dose: St John's wort: Use standardized adult dose per product monograph; start low and monitor; Valerian: 400–600 mg extract at bedtime or tea; Lavender: Oral lavender oil 80 mg/day or aromatherapy; Lemon balm: 300–600 mg/day or tea 1–3 cups/day; Ginkgo: 120–240 mg/day standardized extract.

Method of use: St John's wort: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Valerian: Oral bedtime sleep adjunct; Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Lemon balm: Oral calming/sleep/GI adjunct; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: St John's wort: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Valerian: Pregnancy, liver disease caution, driving/sedation; Lavender: Pregnancy caution; sedative use; Lemon balm: Hypothyroidism caution; sedatives; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: St John's wort: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Valerian: Sedatives, alcohol, benzodiazepines, hypnotics; Lavender: Sedatives/alcohol; CNS depressants; Lemon balm: Sedatives and thyroid medications caution; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: St John's wort: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Valerian: Moderate supportive sleep evidence; Lavender: Moderate evidence for anxiety; supportive sleep evidence; Lemon balm: Supportive anxiety/sleep/GI evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: Linde K et al. Cochrane; EMA/HMPC; NCCIH; WHO.

35. Aortic aneurysm

Symptoms: Often asymptomatic; chest/back/abdominal pain if expanding.

Physical diagnosis: Vascular exam, abdominal pulsatile mass, BP assessment.

Lab diagnosis: Ultrasound, CT angiography, MRI angiography.

Herbs used (most effective): Garlic, green tea, hawthorn.

Active phytochemicals: Allicin, catechins, oligomeric procyanidins.

Mechanism: Endothelial support, antioxidant vascular protection, BP/lipid modulation.

Dose: Garlic extract 600–1,200 mg/day; green tea 2–3 cups/day; hawthorn extract 160–900 mg/day.

Method of use: Oral daily adjunct; not for acute aneurysm symptoms.

Contraindications: Bleeding risk, anticoagulant use, pre-surgery.

Interactions: Garlic/ginkgo-like antiplatelet caution; hawthorn with cardiac drugs.

Evidence: Supportive vascular evidence; not aneurysm-specific therapy.

References: WHO; EMA/HMPC; NCCIH; Ried et al.

36. Aortic atherosclerosis

Symptoms: Often asymptomatic; vascular symptoms if advanced.

Physical diagnosis: Cardiovascular and vascular assessment.

Lab diagnosis: Lipid profile, CT angiography, ultrasound.

Herbs used (most effective): Garlic; Hawthorn; Green tea; Hibiscus.

Active phytochemicals: Garlic: allicin; ajoene; organosulfur compounds; Hawthorn: oligomeric procyanidins; flavonoids; vitexin; Green tea: EGCG; catechins; L-theanine; caffeine; Hibiscus: anthocyanins; hibiscus acid; polyphenols.

Mechanism: Endothelial support, lipid modulation, antioxidant vascular effects.

Dose: Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Hawthorn: 160–900 mg/day standardized extract; Green tea: 1–3 cups/day or standardized extract per label; Hibiscus: Tea 1–3 cups/day or extract per label.

Method of use: Garlic: Oral with food; cardiovascular/metabolic adjunct; Hawthorn: Oral cardiovascular adjunct only under supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Hibiscus: Oral antihypertensive/metabolic adjunct.
Contraindications: Garlic: Bleeding disorders, pre-surgery, anticoagulants; Hawthorn: Unstable cardiac disease without medical care; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Hibiscus: Pregnancy caution, hypotension.
Interactions: Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Hawthorn: May interact with digoxin, beta-blockers, nitrates, antihypertensives; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Hibiscus: May add to antihypertensives/diuretics.
Evidence: Garlic: Moderate cardiovascular/metabolic supportive evidence; Hawthorn: Moderate supportive evidence in mild heart-failure symptoms; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Hibiscus: Moderate supportive BP evidence.
References: Pittler MH et al.; NCCIH; EMA/HMPC.

37. Aortic valve disease

Symptoms: Dyspnea, chest pain, syncope, fatigue.
Physical diagnosis: Cardiac murmur, pulse pressure, heart failure signs.
Lab diagnosis: Echocardiography, ECG, BNP if symptomatic.
Herbs used (most effective): Hawthorn, garlic, green tea.
Active phytochemicals: Procyanidins, allicin, catechins.
Mechanism: Cardiovascular antioxidant/endothelial support only.
Dose: Hawthorn 160–900 mg/day; garlic 600 mg/day; green tea 1–2 cups/day.
Method of use: Adjunct; cardiology monitoring essential.
Contraindications: Severe stenosis/regurgitation without medical care.
Interactions: Hawthorn with cardiac drugs; garlic with anticoagulants.
Evidence: Supportive cardiovascular evidence; not valve-specific treatment.
References: EMA/HMPC Hawthorn; NCCIH.

38. Aphonia

Symptoms: Loss of voice, hoarseness.
Physical diagnosis: ENT/laryngeal assessment.

Lab diagnosis: Laryngoscopy if persistent.

Herbs used (most effective): Marshmallow root; Sage; Licorice.

Active phytochemicals: Marshmallow root: mucilage polysaccharides; Sage: rosmarinic acid; thujone; diterpenes; Licorice: glycyrrhizin; glabridin; flavonoids.

Mechanism: Demulcent and anti-inflammatory throat support.

Dose: Marshmallow root: 2–5 g dried root/day as tea/cold macerate; Sage: Tea/gargle 1–3 times/day; extract per label; Licorice: DGL 380 mg before meals; topical 1–2% for pigment/skin.

Method of use: Marshmallow root: Oral demulcent; separate medicines; Sage: Oral/gargle; avoid excessive thujone intake; Licorice: Prefer DGL for gastric/mucosal use; separate from BP-sensitive patients.

Contraindications: Marshmallow root: Dysphagia/aspiration risk; Sage: Pregnancy, epilepsy, high-dose essential oil; Licorice: Hypertension, hypokalemia, CKD, heart failure unless DGL/topical.

Interactions: Marshmallow root: May reduce drug absorption; separate by 2 hours; Sage: Sedatives/anticonvulsants caution; Licorice: Interacts with diuretics, digoxin, corticosteroids, antihypertensives.

Evidence: Marshmallow root: Monograph-supported demulcent cough/GI evidence; Sage: Monograph-supported throat/sweating/cognitive support; Licorice: Supportive mucosal evidence; safety depends on formulation.

References: EMA/HMPC Marshmallow/Sage; WHO.

39. Aphthous ulcer

Symptoms: Painful oral ulcers, burning, difficulty eating.

Physical diagnosis: Oral mucosal exam, ulcer morphology, recurrence pattern.

Lab diagnosis: CBC, ferritin, B12/folate, celiac/inflammatory testing if recurrent/severe.

Herbs used (most effective): Peppermint oil; Ginger; Psyllium; Chamomile; Licorice DGL.

Active phytochemicals: Peppermint oil: menthol; menthone; Ginger: gingerols; shogaols; Psyllium: soluble arabinoxylan fiber; mucilage; Chamomile: apigenin; bisabolol; chamazulene; Licorice DGL: glycyrrhizin; glabridin; flavonoids.

Mechanism: Chamomile/licorice: mucosal anti-inflammatory/protective effects. Ginger: anti-inflammatory. Peppermint: local soothing/antispasmodic support.

Dose: Peppermint oil: Enteric oil 0.2–0.4 mL 2–3 times/day or tea 1–3 cups/day; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Psyllium: 5–10 g/day with 250 mL water; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Licorice DGL: DGL 380 mg before meals; topical 1–2% for pigment/skin.

Method of use: Peppermint oil: Oral enteric capsules for IBS cramps; tea for dyspepsia; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Psyllium: Oral with abundant water; separate from medicines; Chamomile: Oral tea or topical/local compress/rinse; Licorice DGL: Prefer DGL for gastric/mucosal use; separate from BP-sensitive patients.

Contraindications: Peppermint oil: GERD, hiatal hernia, gallbladder obstruction caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Psyllium: Bowel obstruction, dysphagia, inadequate fluid intake; Chamomile: Asteraceae allergy; sedative caution; Licorice DGL: Hypertension, hypokalemia, CKD, heart failure unless DGL/topical.

Interactions: Peppermint oil: May worsen reflux; may affect CYP metabolism in high doses; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Psyllium: Reduces absorption of many drugs; separate by 2 hours; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Licorice DGL: Interacts with diuretics, digoxin, corticosteroids, antihypertensives.

Evidence: Peppermint oil: Moderate evidence for IBS pain; monograph digestive support; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Psyllium: Strong evidence for constipation and lipid support; Chamomile: Monograph-supported calming/GI/skin evidence; Licorice DGL: Supportive mucosal evidence; safety depends on formulation.

References: Ford AC et al.; EMA/HMPC; NCCIH; WHO.

40. Appendicitis

Symptoms: Periumbilical then right-lower-quadrant pain, fever, nausea, anorexia.

Physical diagnosis: RLQ tenderness, rebound/guarding, Rovsing/psoas signs.

Lab diagnosis: CBC, CRP, urinalysis, pregnancy test, ultrasound/CT.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Supportive anti-inflammatory only; not treatment for suspected appendicitis.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH.

41. Appetite loss

Symptoms: Reduced desire to eat, weight loss, weakness.

Physical diagnosis: Nutritional assessment and systemic review.

Lab diagnosis: CBC, thyroid, liver/renal function depending on cause.

Herbs used (most effective): Ginger; Gentian; Peppermint.

Active phytochemicals: Ginger: gingerols; shogaols; Gentian: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Peppermint: menthol; menthone.

Mechanism: Bitter digestive stimulation and prokinetic support.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Gentian: Use standardized adult dose per product monograph; start low and monitor; Peppermint: Enteric oil 0.2–0.4 mL 2–3 times/day or tea 1–3 cups/day.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Gentian: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Peppermint: Oral enteric capsules for IBS cramps; tea for dyspepsia.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Gentian: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Peppermint: GERD, hiatal hernia, gallbladder obstruction caution.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Gentian: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Peppermint: May worsen reflux; may affect CYP metabolism in high doses.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Gentian: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Peppermint: Moderate evidence for IBS pain; monograph digestive support.

References: EMA/HMPC Gentian/Peppermint; NCCIH ginger.

42. Arrhythmia (supportive)

Symptoms: Palpitations, dizziness, fatigue.

Physical diagnosis: Cardiovascular exam, pulse assessment.

Lab diagnosis: ECG, electrolytes, thyroid profile.

Herbs used (most effective): Hawthorn; Lemon balm.

Active phytochemicals: Hawthorn: oligomeric procyanidins; flavonoids; vitexin; Lemon balm: rosmarinic acid; citral; flavonoids.

Mechanism: Cardiotonic antioxidant and calming effects.

Dose: Hawthorn: 160–900 mg/day standardized extract; Lemon balm: 300–600 mg/day or tea 1–3 cups/day.

Method of use: Hawthorn: Oral cardiovascular adjunct only under supervision; Lemon balm: Oral calming/sleep/GI adjunct.

Contraindications: Hawthorn: Unstable cardiac disease without medical care; Lemon balm: Hypothyroidism caution; sedatives.

Interactions: Hawthorn: May interact with digoxin, beta-blockers, nitrates, antihypertensives; Lemon balm: Sedatives and thyroid medications caution.

Evidence: Hawthorn: Moderate supportive evidence in mild heart-failure symptoms; Lemon balm: Supportive anxiety/sleep/GI evidence.

References: EMA/HMPC Hawthorn; NCCIH. Clinical pearl: Cardiac rhythm disorders require medical evaluation.

43. Ascites (supportive)

Symptoms: Abdominal distension, edema, discomfort.

Physical diagnosis: Fluid wave, abdominal exam.

Lab diagnosis: Ultrasound, liver function, paracentesis analysis.

Herbs used (most effective): Dandelion; Milk thistle.

Active phytochemicals: Dandelion: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Milk thistle: silymarin; silibinin.

Mechanism: Mild diuretic and hepatoprotective support.

Dose: Dandelion: Use standardized adult dose per product monograph; start low and monitor; Milk thistle: 140 mg 2–3 times/day standardized extract.

Method of use: Dandelion: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis.

Contraindications: Dandelion: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Milk thistle: Acute liver failure without care; Asteraceae allergy.

Interactions: Dandelion: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution.

Evidence: Dandelion: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Milk thistle: Supportive hepatoprotective evidence.

References: EMA/HMPC Dandelion; NCCIH milk thistle.

44. Aspergillosis (supportive)

Symptoms: Cough, wheeze, fever, hemoptysis.

Physical diagnosis: Respiratory exam.

Lab diagnosis: CT chest, fungal markers, sputum culture.

Herbs used (most effective): Garlic; Ginger; Turmeric.

Active phytochemicals: Garlic: allicin; ajoene; organosulfur compounds; Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones.

Mechanism: Antioxidant and antimicrobial-supportive effects only.

Dose: Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food.

Method of use: Garlic: Oral with food; cardiovascular/metabolic adjunct; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations.

Contraindications: Garlic: Bleeding disorders, pre-surgery, anticoagulants; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution.

Interactions: Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients.

Evidence: Garlic: Moderate cardiovascular/metabolic supportive evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence.

References: WHO; NCCIH. Clinical pearl: Antifungal therapy is essential. Part 10 — Diseases 226–250

45. Asthma

Symptoms: Wheeze, cough, dyspnea, chest tightness.

Physical diagnosis: Auscultation, oxygen saturation, respiratory rate, trigger history.

Lab diagnosis: Spirometry with bronchodilator response, peak flow, IgE/eosinophils if indicated.

Herbs used (most effective): Echinacea; Elderberry; Thyme; Ivy leaf; Pelargonium; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Elderberry: anthocyanins; flavonoids; Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf:

hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Butterbur: petasins; isopetasins.

Mechanism: Ivy/thyme: secretolytic/expectorant support. Butterbur: leukotriene allergy support. Echinacea/elderberry: immune/viral adjunct support.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Elderberry: Syrup/extract per label for short-term viral symptoms; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Elderberry: Oral short-term adjunct; avoid raw unripe berries; Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Elderberry: Autoimmune disease caution; raw berries cause GI toxicity; Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Elderberry: Immunosuppressants caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.

Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Elderberry: Supportive evidence for viral symptom duration; Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.

References: Cochrane reviews; EMA/HMPC; NCCIH; WHO.

46. Astigmatism (supportive eye care)

Symptoms: Blurred vision, eyestrain, headaches.

Physical diagnosis: Visual acuity and refraction assessment.

Lab diagnosis: Corneal topography, refraction test.

Herbs used (most effective): Bilberry; Green tea.

Active phytochemicals: Bilberry: anthocyanins; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Antioxidant retinal and ocular microcirculatory support.

Dose: Bilberry: 80–160 mg/day extract; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Bilberry: Oral ocular microvascular antioxidant adjunct; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Bilberry: Bleeding risk caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Bilberry: Anticoagulants/antiplatelets caution; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Bilberry: Supportive ocular/microvascular evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; WHO.

47. Atherosclerosis

Symptoms: Often asymptomatic; angina, claudication, stroke/TIA symptoms.

Physical diagnosis: BP, vascular exam, cardiovascular risk assessment.

Lab diagnosis: Lipid profile, HbA1c, renal function, ECG, vascular imaging if indicated.

Herbs used (most effective): Garlic; Hawthorn; Green tea; Hibiscus; Ginkgo.

Active phytochemicals: Garlic: allicin; ajoene; organosulfur compounds; Hawthorn: oligomeric procyanidins; flavonoids; vitexin; Green tea: EGCG; catechins; L-theanine; caffeine; Hibiscus: anthocyanins; hibiscus acid; polyphenols; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Garlic: lipid/platelet/endothelial effects. Hawthorn: antioxidant vascular support. Green tea: catechin lipid/endothelial effects. Hibiscus: vasorelaxant effects. Ginkgo: microcirculatory/antiplatelet effects.

Dose: Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Hawthorn: 160–900 mg/day standardized extract; Green tea: 1–3 cups/day or standardized extract per label;

Hibiscus: Tea 1–3 cups/day or extract per label; Ginkgo: 120–240 mg/day standardized extract.

Method of use: Garlic: Oral with food; cardiovascular/metabolic adjunct; Hawthorn: Oral cardiovascular adjunct only under supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Hibiscus: Oral antihypertensive/metabolic adjunct; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: Garlic: Bleeding disorders, pre-surgery, anticoagulants; Hawthorn: Unstable cardiac disease without medical care; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Hibiscus: Pregnancy caution, hypotension; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Hawthorn: May interact with digoxin, beta-blockers, nitrates, antihypertensives; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Hibiscus: May add to antihypertensives/diuretics; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: Garlic: Moderate cardiovascular/metabolic supportive evidence; Hawthorn: Moderate supportive evidence in mild heart-failure symptoms; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Hibiscus: Moderate supportive BP evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: Ried K et al.; Pittler MH et al.; NCCIH; EMA/HMPC; WHO.

48. Athlete's foot

Symptoms: Itching, scaling, cracked skin, burning between toes.

Physical diagnosis: Skin examination.

Lab diagnosis: KOH microscopy or fungal culture.

Herbs used (most effective): Tea tree oil; Garlic; Calendula.

Active phytochemicals: Tea tree oil: terpinen-4-ol; alpha-terpineol; Garlic: allicin; ajoene; organosulfur compounds; Calendula: triterpenoids; flavonoids; carotenoids.

Mechanism: Antifungal and epithelial repair support.

Dose: Tea tree oil: 5% topical gel/cream or diluted oil 1–5%; Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared.

Method of use: Tea tree oil: Topical only; patch test; avoid ingestion; Garlic: Oral with food; cardiovascular/metabolic adjunct; Calendula: Topical or local rinse for skin/mucosa.

Contraindications: Tea tree oil: Pregnancy/infants caution; allergy; broken deep wounds; Garlic: Bleeding disorders, pre-surgery, anticoagulants; Calendula: Asteraceae allergy; deep infected wounds need care.

Interactions: Tea tree oil: Minimal systemic interaction topically; skin irritation possible; Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Calendula: Minimal topical interactions; allergy possible.

Evidence: Tea tree oil: Moderate topical evidence for acne; supportive antimicrobial evidence; Garlic: Moderate cardiovascular/metabolic supportive evidence; Calendula: Monograph-supported wound and mucosal evidence.

References: Carson CF et al.; EMA/HMPC; WHO.

49. Atopic dermatitis

Symptoms: Itching, erythema, scaling, dry skin, lichenification.

Physical diagnosis: Dermatologic inspection, distribution pattern, severity scoring.

Lab diagnosis: Usually clinical; allergy tests/culture/biopsy if indicated.

Herbs used (most effective): Tea tree; Aloe vera; Calendula; Turmeric.

Active phytochemicals: Tea tree: terpinen-4-ol; alpha-terpineol; Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Calendula: triterpenoids; flavonoids; carotenoids; Turmeric: curcuminoids; turmerones.

Mechanism: Aloe: soothing/wound-healing. Calendula: epithelial repair. Turmeric: NF-κB/COX-2 anti-inflammatory effects. Tea tree: antimicrobial/anti-inflammatory.

Dose: Tea tree: 5% topical gel/cream or diluted oil 1–5%; Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Turmeric: Curcumin 500–1,000 mg/day with food.

Method of use: Tea tree: Topical only; patch test; avoid ingestion; Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Calendula: Topical or local rinse for skin/mucosa; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations.

Contraindications: Tea tree: Pregnancy/infants caution; allergy; broken deep wounds; Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Calendula: Asteraceae

allergy; deep infected wounds need care; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution.

Interactions: Tea tree: Minimal systemic interaction topically; skin irritation possible; Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Calendula: Minimal topical interactions; allergy possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients.

Evidence: Tea tree: Moderate topical evidence for acne; supportive antimicrobial evidence; Aloe vera: Supportive to moderate wound/skin evidence; Calendula: Monograph-supported wound and mucosal evidence; Turmeric: Moderate supportive anti-inflammatory evidence.

References: Carson CF et al.; Surjushe A et al.; EMA/HMPC; WHO; NCCIH.

50. Atrial fibrillation

Symptoms: Palpitations, dyspnea, fatigue, dizziness, chest discomfort.

Physical diagnosis: Irregularly irregular pulse, cardiovascular exam.

Lab diagnosis: ECG, electrolytes, TSH, renal function, echocardiography.

Herbs used (most effective): Garlic; Hawthorn; Green tea; Hibiscus; Ginkgo.

Active phytochemicals: Garlic: allicin; ajoene; organosulfur compounds; Hawthorn: oligomeric procyanidins; flavonoids; vitexin; Green tea: EGCG; catechins; L-theanine; caffeine; Hibiscus: anthocyanins; hibiscus acid; polyphenols; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Garlic/Ginkgo: antiplatelet and vascular effects. Hawthorn: cardiac/vascular support. Green tea/Hibiscus: endothelial/BP support.

Dose: Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Hawthorn: 160–900 mg/day standardized extract; Green tea: 1–3 cups/day or standardized extract per label; Hibiscus: Tea 1–3 cups/day or extract per label; Ginkgo: 120–240 mg/day standardized extract.

Method of use: Garlic: Oral with food; cardiovascular/metabolic adjunct; Hawthorn: Oral cardiovascular adjunct only under supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Hibiscus: Oral antihypertensive/metabolic adjunct; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: Garlic: Bleeding disorders, pre-surgery, anticoagulants; Hawthorn: Unstable cardiac disease without medical care; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Hibiscus: Pregnancy caution, hypotension; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Hawthorn: May interact with digoxin, beta-blockers, nitrates, antihypertensives; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Hibiscus: May add to antihypertensives/diuretics; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: Garlic: Moderate cardiovascular/metabolic supportive evidence; Hawthorn: Moderate supportive evidence in mild heart-failure symptoms; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Hibiscus: Moderate supportive BP evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: Ried K et al.; Pittler MH et al.; NCCIH; EMA/HMPC; WHO.

51. Atrophic vaginitis

Symptoms: Vaginal dryness, irritation, dyspareunia, recurrent UTI.

Physical diagnosis: Pelvic examination.

Lab diagnosis: Vaginal pH and microscopy if indicated.

Herbs used (most effective): Aloe vera; Calendula; Chamomile; Flaxseed.

Active phytochemicals: Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Calendula: triterpenoids; flavonoids; carotenoids; Chamomile: apigenin; bisabolol; chamazulene; Flaxseed: lignans; alpha-linolenic acid; soluble fiber.

Mechanism: Mucosal repair, soothing and phytoestrogenic support.

Dose: Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Flaxseed: 10–20 g ground seed/day.

Method of use: Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Calendula: Topical or local rinse for skin/mucosa; Chamomile: Oral tea or topical/local compress/rinse; Flaxseed: Oral with water/food; separate drugs.

Contraindications: Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Calendula: Asteraceae allergy; deep infected wounds need care; Chamomile: Asteraceae

allergy; sedative caution; Flaxseed: Bowel obstruction, hormone-sensitive conditions caution.

Interactions: Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Calendula: Minimal topical interactions; allergy possible; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Flaxseed: May reduce drug absorption; antidiabetics/anticoagulants caution.

Evidence: Aloe vera: Supportive to moderate wound/skin evidence; Calendula: Monograph-supported wound and mucosal evidence; Chamomile: Monograph-supported calming/GI/skin evidence; Flaxseed: Moderate supportive metabolic/fiber evidence.

References: EMA/HMPC; NCCIH; WHO.

52. Attention-deficit/hyperactivity disorder

Symptoms: Inattention, impulsivity, hyperactivity, academic/work impairment.

Physical diagnosis: Clinical psychiatric assessment, rating scales, developmental history.

Lab diagnosis: No confirmatory lab test; screen sleep, thyroid, anemia, substance causes if indicated.

Herbs used (most effective): Ginger; Turmeric; Green tea.

Active phytochemicals: Ginger: gingerols; shogaols; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Green tea catechins/L-theanine may support attention/stress; ginger/turmeric provide anti-inflammatory antioxidant support only.

Dose: Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: WHO; EMA/HMPC; NCCIH; MedlinePlus.

53. Autism spectrum disorder

Symptoms: Social-communication difficulty, restricted interests, repetitive behavior, sensory sensitivity.

Physical diagnosis: Developmental history, behavioral observation, standardized autism assessment.

Lab diagnosis: No confirmatory lab test; hearing test, genetic/metabolic testing if indicated.

Herbs used (most effective): Green tea; Turmeric; Lemon balm.

Active phytochemicals: Green tea: EGCG; catechins; L-theanine; caffeine; Turmeric: curcuminoids; turmerones; Lemon balm: rosmarinic acid; citral; flavonoids.

Mechanism: Green tea: antioxidant catechin support. Turmeric: NF-κB/cytokine modulation. Lemon balm: calming GABA/cholinergic support.

Dose: Green tea: 1–3 cups/day or standardized extract per label; Turmeric: Curcumin 500–1,000 mg/day with food; Lemon balm: 300–600 mg/day or tea 1–3 cups/day.

Method of use: Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Lemon balm: Oral calming/sleep/GI adjunct.

Contraindications: Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Lemon balm: Hypothyroidism caution; sedatives.

Interactions: Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Turmeric: May increase bleeding risk; may interact with antidiabetics and

chemotherapy in oncology patients; Lemon balm: Sedatives and thyroid medications caution.

Evidence: Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Lemon balm: Supportive anxiety/sleep/GI evidence.

References: NCCIH; WHO monographs; EMA/HMPC.

54. Autoimmune gastritis

Symptoms: Dyspepsia, fatigue, glossitis, paresthesia from B12 deficiency.

Physical diagnosis: Abdominal exam, anemia signs, neurologic exam.

Lab diagnosis: CBC, B12, intrinsic factor/parietal cell antibodies, gastrin, endoscopy/biopsy.

Herbs used (most effective): Licorice DGL, chamomile, ginger.

Active phytochemicals: Flavonoids, apigenin, gingerols.

Mechanism: Mucosal soothing, anti-inflammatory, antiemetic support only.

Dose: DGL 380 mg before meals; chamomile tea 1–3 cups/day; ginger 250 mg as needed.

Method of use: Oral adjunct; B12 replacement and surveillance remain essential.

Contraindications: GI bleeding, unexplained weight loss, severe anemia without care.

Interactions: Licorice with antihypertensives/diuretics if glycyrrhizin-containing; ginger with anticoagulants.

Evidence: Supportive symptom evidence only.

References: EMA/HMPC Chamomile/Ginger; NCCIH Licorice.

55. Autoimmune thyroiditis

Symptoms: Fatigue, weight change, cold intolerance, goiter, menstrual changes.

Physical diagnosis: Thyroid palpation, signs of hypo-/hyperthyroidism.

Lab diagnosis: TSH, free T4, anti-TPO, anti-thyroglobulin antibodies, ultrasound if indicated.

Herbs used (most effective): Ashwagandha; Nigella sativa; Green tea.

Active phytochemicals: Ashwagandha: withanolides; withaferin A; Nigella sativa: thymoquinone; nigellone; fixed oils; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Ashwagandha: thyroid-axis/adaptogenic support. Nigella: antioxidant and immune modulation. Green tea: catechin antioxidant effects.

Dose: Ashwagandha: 300–600 mg/day standardized root extract; Nigella sativa: Seed 1–2 g/day or oil 500 mg/day; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Ashwagandha: Oral adaptogen; monitor thyroid/sedation; Nigella sativa: Oral metabolic/immune adjunct; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Ashwagandha: Pregnancy, hyperthyroidism, autoimmune disease caution, liver injury history; Nigella sativa: Pregnancy high-dose caution; bleeding risk caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Ashwagandha: Sedatives, thyroid drugs, immunosuppressants, antidiabetics; Nigella sativa: Antidiabetics, antihypertensives, anticoagulants; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Ashwagandha: Moderate supportive stress/sleep evidence; Nigella sativa: Supportive metabolic/anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; WHO; EMA/HMPC; clinical herbal medicine reviews.

56. Bacterial vaginosis

Symptoms: Thin discharge, fishy odor, vaginal irritation, dysuria sometimes.

Physical diagnosis: Pelvic exam, discharge assessment, vaginal pH.

Lab diagnosis: Amsel criteria, wet mount clue cells, whiff test, Nugent score.

Herbs used (most effective): Tea tree; Garlic; Calendula.

Active phytochemicals: Tea tree: terpinen-4-ol; alpha-terpineol; Garlic: allicin; ajoene; organosulfur compounds; Calendula: triterpenoids; flavonoids; carotenoids.

Mechanism: Tea tree: antimicrobial terpinen-4-ol. Garlic: allicin antimicrobial effects. Calendula: mucosal anti-inflammatory healing support.

Dose: Tea tree: 5% topical gel/cream or diluted oil 1–5%; Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared.

Method of use: Tea tree: Topical only; patch test; avoid ingestion; Garlic: Oral with food; cardiovascular/metabolic adjunct; Calendula: Topical or local rinse for skin/mucosa.

Contraindications: Tea tree: Pregnancy/infants caution; allergy; broken deep wounds; Garlic: Bleeding disorders, pre-surgery, anticoagulants; Calendula: Asteraceae allergy; deep infected wounds need care.

Interactions: Tea tree: Minimal systemic interaction topically; skin irritation possible; Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Calendula: Minimal topical interactions; allergy possible.

Evidence: Tea tree: Moderate topical evidence for acne; supportive antimicrobial evidence; Garlic: Moderate cardiovascular/metabolic supportive evidence; Calendula: Monograph-supported wound and mucosal evidence.

References: EMA/HMPC; WHO; NCCIH; Carson CF et al.

57. Bell palsy

Symptoms: Sudden unilateral facial weakness, drooping, altered taste.

Physical diagnosis: Cranial nerve examination.

Lab diagnosis: Usually clinical; MRI if atypical.

Herbs used (most effective): Turmeric; Ginger; Green tea.

Active phytochemicals: Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Anti-inflammatory and antioxidant neuro-supportive effects.

Dose: Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; WHO.

58. Benign prostatic hyperplasia

Symptoms: Frequency, urgency, nocturia, weak stream, incomplete emptying.

Physical diagnosis: Digital rectal exam, IPSS symptom score, bladder assessment.

Lab diagnosis: Urinalysis, PSA when indicated, renal function, ultrasound/post-void residual.

Herbs used (most effective): Saw palmetto; Pygeum; Nettle root; Pumpkin seed.

Active phytochemicals: Saw palmetto: free fatty acids; beta-sitosterol; phytosterols; Pygeum: phytosterols; triterpenes; ferulic esters; Nettle root: flavonoids; lignans; minerals; lectins; Pumpkin seed: phytosterols; fatty acids; tocopherols.

Mechanism: Saw palmetto: 5-alpha-reductase/antiandrogenic support. Pygeum: anti-inflammatory prostate support. Nettle: SHBG/prostatic inflammatory modulation. Pumpkin seed: phytosterol urinary support.

Dose: Saw palmetto: 320 mg/day liposterolic extract; Pygeum: 50–100 mg/day extract; Nettle root: Leaf 2–4 g/day; root 300–600 mg/day; Pumpkin seed: Pumpkin seed oil 1–2 g/day or seeds 10–30 g/day.

Method of use: Saw palmetto: Oral BPH/androgenic adjunct for 8–12 weeks; Pygeum: Oral LUTS/BPH adjunct; Nettle root: Oral tea/extract; leaf urinary/allergy, root prostate support; Pumpkin seed: Oral bladder/prostate support.

Contraindications: Saw palmetto: Pregnancy exposure, prostate cancer not excluded; Pygeum: Prostate cancer/urinary retention require medical care; Nettle root: CKD/fluid restriction caution; pregnancy caution; Pumpkin seed: Allergy; urinary retention needs urgent care.

Interactions: Saw palmetto: Anticoagulants, hormonal drugs; Pygeum: Anticoagulants caution; Nettle root: Diuretics, lithium, antihypertensives, antidiabetics; Pumpkin seed: Possible additive anticoagulant/metabolic effects.

Evidence: Saw palmetto: Mixed but common supportive BPH evidence; Pygeum: Supportive BPH/LUTS evidence; Nettle root: Monograph-supported urinary support; supportive allergy/BPH evidence; Pumpkin seed: Supportive LUTS/bladder evidence.

References: Cochrane reviews; EMA/HMPC Serenoa/Pygeum/Urtica; NCCIH.

59. Bile reflux gastritis

Symptoms: Epigastric burning, nausea, bilious vomiting, reflux not relieved by acid suppression.

Physical diagnosis: Abdominal and reflux assessment.

Lab diagnosis: Endoscopy, bile reflux evaluation, gastric biopsy if needed.

Herbs used (most effective): Chamomile, licorice DGL, aloe vera, marshmallow root.

Active phytochemicals: Apigenin, flavonoids, polysaccharides, mucilage.

Mechanism: Mucosal coating, anti-inflammatory and epithelial repair support.

Dose: DGL 380 mg before meals; marshmallow tea 2–5 g/day; aloe preparation per label; chamomile tea 1–3 cups/day.

Method of use: Oral mucosal support; take demulcents away from other drugs.

Contraindications: Obstruction, severe vomiting, GI bleeding.

Interactions: Marshmallow mucilage may reduce drug absorption; separate by 2 hours.

Evidence: Low supportive evidence.

References: EMA/HMPC Marshmallow/Chamomile; NCCIH Aloe/Licorice.

60. Bipolar disorder

Symptoms: Episodes of mania/hypomania and depression, sleep disturbance, impulsivity.

Physical diagnosis: Psychiatric interview, mood history, risk assessment.

Lab diagnosis: TSH, CBC, liver/renal function, drug levels if on medication.

Herbs used (most effective): Lavender; Lemon balm; Valerian.

Active phytochemicals: Lavender: linalool; linalyl acetate; Lemon balm: rosmarinic acid; citral; flavonoids; Valerian: valerenic acids; iridoids.

Mechanism: Lavender: anxiolytic/sleep support. Lemon balm: calming GABA/cholinergic effects. Valerian: GABAergic sedative support.

Dose: Lavender: Oral lavender oil 80 mg/day or aromatherapy; Lemon balm: 300–600 mg/day or tea 1–3 cups/day; Valerian: 400–600 mg extract at bedtime or tea.

Method of use: Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Lemon balm: Oral calming/sleep/GI adjunct; Valerian: Oral bedtime sleep adjunct.

Contraindications: Lavender: Pregnancy caution; sedative use; Lemon balm: Hypothyroidism caution; sedatives; Valerian: Pregnancy, liver disease caution, driving/sedation.

Interactions: Lavender: Sedatives/alcohol; CNS depressants; Lemon balm: Sedatives and thyroid medications caution; Valerian: Sedatives, alcohol, benzodiazepines, hypnotics.

Evidence: Lavender: Moderate evidence for anxiety; supportive sleep evidence; Lemon balm: Supportive anxiety/sleep/GI evidence; Valerian: Moderate supportive sleep evidence.

References: EMA/HMPC; NCCIH; WHO.

61. Bladder spasm

Symptoms: Pelvic pain, urgency, urinary discomfort.

Physical diagnosis: Abdominal/pelvic examination.

Lab diagnosis: Urinalysis, ultrasound if indicated.

Herbs used (most effective): Corn silk; Chamomile; Marshmallow root.

Active phytochemicals: Corn silk: mucilage; flavonoids; potassium salts; Chamomile: apigenin; bisabolol; chamazulene; Marshmallow root: mucilage polysaccharides.

Mechanism: Antispasmodic and demulcent urinary support.

Dose: Corn silk: Tea 1–3 cups/day; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Marshmallow root: 2–5 g dried root/day as tea/cold macerate.

Method of use: Corn silk: Oral urinary soothing adjunct; Chamomile: Oral tea or topical/local compress/rinse; Marshmallow root: Oral demulcent; separate medicines.

Contraindications: Corn silk: CKD/fluid restriction caution; Chamomile: Asteraceae allergy; sedative caution; Marshmallow root: Dysphagia/aspiration risk.

Interactions: Corn silk: Diuretics, lithium, antihypertensives; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Marshmallow root: May reduce drug absorption; separate by 2 hours.

Evidence: Corn silk: Traditional urinary supportive evidence; Chamomile: Monograph-supported calming/GI/skin evidence; Marshmallow root: Monograph-supported demulcent cough/GI evidence.

References: EMA/HMPC; WHO.

62. Blepharitis

Symptoms: Eyelid redness, crusting, irritation, burning, foreign-body sensation.

Physical diagnosis: Eyelid margin inspection, meibomian gland assessment.

Lab diagnosis: Usually clinical; culture if severe/refractory.

Herbs used (most effective): Calendula; Chamomile; Green tea.

Active phytochemicals: Calendula: triterpenoids; flavonoids; carotenoids; Chamomile: apigenin; bisabolol; chamazulene; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Calendula: epithelial repair. Chamomile: anti-inflammatory soothing. Green tea: antioxidant anti-inflammatory support.

Dose: Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Calendula: Topical or local rinse for skin/mucosa; Chamomile: Oral tea or topical/local compress/rinse; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Calendula: Asteraceae allergy; deep infected wounds need care; Chamomile: Asteraceae allergy; sedative caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Calendula: Minimal topical interactions; allergy possible; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Calendula: Monograph-supported wound and mucosal evidence; Chamomile: Monograph-supported calming/GI/skin evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: EMA/HMPC Calendula/Chamomile; NCCIH; WHO.

63. Bone fracture recovery (supportive)

Symptoms: Pain, swelling, immobility.

Physical diagnosis: Orthopedic examination.

Lab diagnosis: X-ray, calcium/vitamin D levels.

Herbs used (most effective): Horsetail; Turmeric; Ginger.

Active phytochemicals: Horsetail: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols.

Mechanism: Silica-mediated connective tissue support and anti-inflammatory effects.

Dose: Horsetail: Use standardized adult dose per product monograph; start low and monitor; Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day.

Method of use: Horsetail: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation.

Contraindications: Horsetail: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution.

Interactions: Horsetail: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP.

Evidence: Horsetail: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence.

References: EMA/HMPC Horsetail; NCCIH.

64. Bronchiectasis

Symptoms: Chronic productive cough, recurrent infections, dyspnea, hemoptysis.

Physical diagnosis: Chest auscultation, clubbing assessment, oxygen saturation.

Lab diagnosis: HRCT chest, sputum culture, CBC, immunoglobulins, spirometry.

Herbs used (most effective): Thyme; Ivy leaf; Pelargonium; Echinacea.

Active phytochemicals: Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Echinacea: alkylamides; caffeic acid derivatives.

Mechanism: Thyme: expectorant phenolics. Ivy: saponin secretolytic/bronchodilator. Pelargonium: mucociliary and anti-adhesion support. Echinacea: immune modulation.

Dose: Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Echinacea: Extract per label for short-term use; tea 1–3 cups/day.

Method of use: Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Echinacea: Oral short-term immune/URTI support.

Contraindications: Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants.

Interactions: Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Echinacea: May interact with immunosuppressants; allergy risk.

Evidence: Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Echinacea: Mixed to moderate URTI supportive evidence.

References: EMA/HMPC Thyme/Ivy/Pelargonium/Echinacea; Cochrane reviews; WHO.

65. Bronchiolitis

Symptoms: Infant cough, wheeze, tachypnea, feeding difficulty, fever.

Physical diagnosis: Respiratory distress assessment, auscultation, oxygen saturation.

Lab diagnosis: Usually clinical; RSV/viral testing and chest X-ray if severe.

Herbs used (most effective): Thyme; Ivy leaf; Chamomile.

Active phytochemicals: Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Chamomile: apigenin; bisabolol; chamazulene.

Mechanism: Thyme/Ivy: airway secretion support. Chamomile: soothing anti-inflammatory support.

Dose: Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed.

Method of use: Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Chamomile: Oral tea or topical/local compress/rinse.

Contraindications: Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Chamomile: Asteraceae allergy; sedative caution.

Interactions: Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake.

Evidence: Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Chamomile: Monograph-supported calming/GI/skin evidence.

References: EMA/HMPC; WHO; NCCIH.

66. Bruxism

Symptoms: Teeth grinding, jaw pain, headache.

Physical diagnosis: Dental and TMJ examination.

Lab diagnosis: Sleep study if severe.

Herbs used (most effective): Lavender; Chamomile; Lemon balm.

Active phytochemicals: Lavender: linalool; linalyl acetate; Chamomile: apigenin; bisabolol; chamazulene; Lemon balm: rosmarinic acid; citral; flavonoids.

Mechanism: Anxiolytic and muscle-relaxant effects.

Dose: Lavender: Oral lavender oil 80 mg/day or aromatherapy; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Lemon balm: 300–600 mg/day or tea 1–3 cups/day.

Method of use: Lavender: Oral/aromatherapy for anxiety/sleep adjunct; Chamomile: Oral tea or topical/local compress/rinse; Lemon balm: Oral calming/sleep/GI adjunct.

Contraindications: Lavender: Pregnancy caution; sedative use; Chamomile: Asteraceae allergy; sedative caution; Lemon balm: Hypothyroidism caution; sedatives.

Interactions: Lavender: Sedatives/alcohol; CNS depressants; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Lemon balm: Sedatives and thyroid medications caution.

Evidence: Lavender: Moderate evidence for anxiety; supportive sleep evidence; Chamomile: Monograph-supported calming/GI/skin evidence; Lemon balm: Supportive anxiety/sleep/GI evidence.

References: EMA/HMPC; NCCIH.

67. Bunion (Hallux valgus)

Symptoms: Foot pain, deformity, difficulty walking.

Physical diagnosis: Foot alignment examination.

Lab diagnosis: X-ray foot.

Herbs used (most effective): Arnica; Turmeric; Capsaicin.

Active phytochemicals: Arnica: sesquiterpene lactones; helenalin; Turmeric: curcuminoids; turmerones; Capsaicin: capsaicinoids.

Mechanism: Anti-inflammatory and analgesic support.

Dose: Arnica: Topical gel/cream 2–3 times/day; Turmeric: Curcumin 500–1,000 mg/day with food; Capsaicin: 0.025–0.075% cream 2–4 times/day.

Method of use: Arnica: Topical only on intact skin; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Capsaicin: Topical to intact skin; wash hands; avoid eyes.

Contraindications: Arnica: Broken skin, pregnancy, Asteraceae allergy; oral use unsafe; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Capsaicin: Broken skin, mucosa, severe irritation.

Interactions: Arnica: Minimal topical; allergy/irritation possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Capsaicin: Minimal systemic; additive skin irritation.

Evidence: Arnica: Monograph-supported bruise/sprain topical evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Capsaicin: Moderate evidence for neuropathic and musculoskeletal pain.

References: EMA/HMPC Arnica; NCCIH.

68. Burns

Symptoms: Pain, erythema, blistering, swelling, tissue damage.

Physical diagnosis: Burn depth, total body surface area, airway/infection assessment.

Lab diagnosis: Usually clinical; CBC/electrolytes/culture if severe or infected.

Herbs used (most effective): Aloe vera; Calendula; Honey.

Active phytochemicals: Aloe vera: acemannan; polysaccharides; anthraquinones in latex; Calendula: triterpenoids; flavonoids; carotenoids; Honey: phenolics; enzymes; osmotic sugars.

Mechanism: Aloe vera: wound healing, cooling, epithelial repair. Calendula: granulation and epithelialization. Honey: osmotic antimicrobial and wound-healing support.

Dose: Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Honey: Medical-grade topical dressing per protocol; 1–2 tsp orally for cough in adults/children >1 year.

Method of use: Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing; Calendula: Topical or local rinse for skin/mucosa; Honey: Topical wound or oral cough adjunct.

Contraindications: Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy; Calendula: Asteraceae allergy; deep infected wounds need care; Honey: Infants <1 year; uncontrolled diabetes caution.

Interactions: Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution; Calendula: Minimal topical interactions; allergy possible; Honey: Minimal; glucose monitoring in diabetes.

Evidence: Aloe vera: Supportive to moderate wound/skin evidence; Calendula: Monograph-supported wound and mucosal evidence; Honey: Moderate supportive wound/cough evidence.

References: Surjushe A et al.; EMA/HMPC Calendula; WHO; wound-care systematic reviews.

69. Bursitis

Symptoms: Joint pain, swelling, tenderness.

Physical diagnosis: Bursa tenderness and ROM assessment.

Lab diagnosis: Ultrasound, aspiration if infected.

Herbs used (most effective): Turmeric; Ginger; Boswellia.

Active phytochemicals: Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Boswellia: boswellic acids AKBA/KBA.

Mechanism: NF-κB/COX/LOX inflammatory suppression.

Dose: Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Boswellia: 300–500 mg extract 2–3 times/day.

Method of use: Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Boswellia: Oral anti-inflammatory adjunct.

Contraindications: Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Boswellia: Pregnancy caution; GI upset.

Interactions: Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Boswellia: Anticoagulants/NSAIDs caution.

Evidence: Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Boswellia: Moderate supportive osteoarthritis/inflammatory pain evidence.

References: NCCIH; EMA/HMPC.

70. Cancer-related fatigue

Symptoms: Persistent exhaustion, weakness, poor concentration, reduced activity.

Physical diagnosis: Fatigue scales, nutrition and sleep assessment.

Lab diagnosis: CBC, thyroid profile, ferritin, vitamin D/B12.

Herbs used (most effective): Ginseng, ashwagandha, green tea.

Active phytochemicals: Ginsenosides, withanolides, catechins.

Mechanism: Adaptogenic, mitochondrial and antioxidant support.

Dose: Ginseng 200–400 mg/day; ashwagandha 300–600 mg/day; green tea 1–2 cups/day.

Method of use: Oral adjunct under oncology supervision.

Contraindications: Hormone-sensitive cancer caution; active immunotherapy supervision needed.

Interactions: Ginseng with anticoagulants/antidiabetics; green tea extract with hepatotoxic drugs.

Evidence: Supportive to moderate.

References: NCCIH; WHO.

71. Candidiasis

Symptoms: Itching, erythema, white plaques/discharge, burning, dysuria.

Physical diagnosis: Oral, genital, or skin examination; lesion/discharge assessment.

Lab diagnosis: KOH microscopy, culture, wet mount, glucose/HIV testing if recurrent.

Herbs used (most effective): Tea tree; Garlic; Calendula; Aloe vera.

Active phytochemicals: Tea tree: terpinen-4-ol; alpha-terpineol; Garlic: allicin; ajoene; organosulfur compounds; Calendula: triterpenoids; flavonoids; carotenoids; Aloe vera: acemannan; polysaccharides; anthraquinones in latex.

Mechanism: Tea tree: antifungal terpinen-4-ol. Garlic: allicin antifungal effects. Calendula/Aloe: mucosal repair and inflammation reduction.

Dose: Tea tree: 5% topical gel/cream or diluted oil 1–5%; Garlic: 600–1,200 mg/day aged/extract or dietary garlic; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product.

Method of use: Tea tree: Topical only; patch test; avoid ingestion; Garlic: Oral with food; cardiovascular/metabolic adjunct; Calendula: Topical or local rinse for skin/mucosa; Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing.

Contraindications: Tea tree: Pregnancy/infants caution; allergy; broken deep wounds; Garlic: Bleeding disorders, pre-surgery, anticoagulants; Calendula: Asteraceae allergy; deep infected wounds need care; Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy.

Interactions: Tea tree: Minimal systemic interaction topically; skin irritation possible; Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose; Calendula: Minimal topical interactions; allergy possible; Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution.

Evidence: Tea tree: Moderate topical evidence for acne; supportive antimicrobial evidence; Garlic: Moderate cardiovascular/metabolic supportive evidence; Calendula: Monograph-supported wound and mucosal evidence; Aloe vera: Supportive to moderate wound/skin evidence.

References: Carson CF et al.; EMA/HMPC; WHO; NCCIH.

72. Cardiomyopathy

Symptoms: Dyspnea, fatigue, edema, palpitations.

Physical diagnosis: Cardiac exam, edema, JVP, lung crackles.

Lab diagnosis: ECG, echocardiography, BNP, cardiac MRI.

Herbs used (most effective): Hawthorn, garlic, green tea.

Active phytochemicals: Flavonoids, procyanidins, allicin, catechins.

Mechanism: Mild cardiotonic support, antioxidant endothelial effects.

Dose: Hawthorn extract 160–900 mg/day; garlic 600–1,200 mg/day; green tea 2 cups/day.

Method of use: Oral adjunct under cardiology supervision.

Contraindications: Decompensated heart failure, arrhythmia instability.

Interactions: Hawthorn with digoxin, beta-blockers, antihypertensives.

Evidence: Moderate supportive evidence for heart-failure symptoms; limited cardiomyopathy-specific data.

References: Pittler et al.; EMA/HMPC Hawthorn; NCCIH.

73. Carpal tunnel syndrome

Symptoms: Numbness, tingling, pain in median nerve distribution, nocturnal symptoms.

Physical diagnosis: Tinel/Phalen tests, sensory and motor exam.

Lab diagnosis: Nerve conduction studies/electromyography if persistent or severe.

Herbs used (most effective): Turmeric; Ginger; Boswellia.

Active phytochemicals: Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Boswellia: boswellic acids AKBA/KBA.

Mechanism: Turmeric: NF-κB/COX-2 inhibition. Ginger: COX/LOX modulation. Boswellia: 5-LOX leukotriene suppression.

Dose: Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Boswellia: 300–500 mg extract 2–3 times/day.

Method of use: Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Boswellia: Oral anti-inflammatory adjunct.

Contraindications: Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Boswellia: Pregnancy caution; GI upset.

Interactions: Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Boswellia: Anticoagulants/NSAIDs caution.

Evidence: Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Boswellia: Moderate supportive osteoarthritis/inflammatory pain evidence.

References: NCCIH turmeric/ginger; EMA/HMPC; WHO; Boswellia clinical reviews.

74. Cataract

Symptoms: Blurred vision, glare, reduced night vision, faded colors.

Physical diagnosis: Visual acuity, slit-lamp examination, red reflex.

Lab diagnosis: Usually ophthalmic diagnosis; diabetes testing if indicated.

Herbs used (most effective): Bilberry; Green tea; Ginkgo.

Active phytochemicals: Bilberry: anthocyanins; Green tea: EGCG; catechins; L-theanine; caffeine; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Bilberry anthocyanins: retinal/capillary antioxidant support. Green tea: catechin antioxidant effects. Ginkgo: microcirculatory antioxidant support.

Dose: Bilberry: 80–160 mg/day extract; Green tea: 1–3 cups/day or standardized extract per label; Ginkgo: 120–240 mg/day standardized extract.

Method of use: Bilberry: Oral ocular microvascular antioxidant adjunct; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: Bilberry: Bleeding risk caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: Bilberry: Anticoagulants/antiplatelets caution; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: Bilberry: Supportive ocular/microvascular evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: WHO; NCCIH; EMA/HMPC; ophthalmic phytotherapy reviews.

75. Cellulitis

Symptoms: Redness, warmth, swelling, pain, fever, spreading skin infection.

Physical diagnosis: Skin inspection, margin marking, systemic-severity assessment.

Lab diagnosis: CBC/CRP, blood culture if severe, wound culture if purulent.

Herbs used (most effective): Tea tree; Calendula; Turmeric.

Active phytochemicals: Tea tree: terpinen-4-ol; alpha-terpineol; Calendula: triterpenoids; flavonoids; carotenoids; Turmeric: curcuminoids; turmerones.

Mechanism: Tea tree: topical antimicrobial. Calendula: epithelial repair. Turmeric: anti-inflammatory NF-κB modulation.

Dose: Tea tree: 5% topical gel/cream or diluted oil 1–5%; Calendula: Ointment/cream 1–3 times/day or mouth rinse as prepared; Turmeric: Curcumin 500–1,000 mg/day with food.

Method of use: Tea tree: Topical only; patch test; avoid ingestion; Calendula: Topical or local rinse for skin/mucosa; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations.

Contraindications: Tea tree: Pregnancy/infants caution; allergy; broken deep wounds; Calendula: Asteraceae allergy; deep infected wounds need care; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution.

Interactions: Tea tree: Minimal systemic interaction topically; skin irritation possible; Calendula: Minimal topical interactions; allergy possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients.

Evidence: Tea tree: Moderate topical evidence for acne; supportive antimicrobial evidence; Calendula: Monograph-supported wound and mucosal evidence; Turmeric: Moderate supportive anti-inflammatory evidence.

References: Carson CF et al.; EMA/HMPC; NCCIH; WHO.

76. Cervical cancer

Symptoms: Postcoital bleeding, abnormal vaginal bleeding, discharge, pelvic pain.

Physical diagnosis: Pelvic/speculum exam, cervical lesion assessment.

Lab diagnosis: Pap smear, HPV testing, colposcopy, biopsy, staging imaging.

Herbs used (most effective): Green tea; Turmeric; Garlic.

Active phytochemicals: Green tea: EGCG; catechins; L-theanine; caffeine; Turmeric: curcuminoids; turmerones; Garlic: allicin; ajoene; organosulfur compounds.

Mechanism: Green tea catechins: antiproliferative/antioxidant effects. Turmeric: NF-κB/STAT3/apoptosis modulation. Garlic: organosulfur immune and detoxification support.

Dose: Green tea: 1–3 cups/day or standardized extract per label; Turmeric: Curcumin 500–1,000 mg/day with food; Garlic: 600–1,200 mg/day aged/extract or dietary garlic.

Method of use: Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Garlic: Oral with food; cardiovascular/metabolic adjunct.

Contraindications: Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Garlic: Bleeding disorders, pre-surgery, anticoagulants.

Interactions: Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Garlic: May increase bleeding with anticoagulants/antiplatelets; may lower BP/glucose.

Evidence: Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Garlic: Moderate cardiovascular/metabolic supportive evidence.

References: NCCIH; WHO; oncology phytochemical reviews.

77. Chemotherapy-induced nausea and vomiting

Symptoms: Nausea, vomiting, anorexia, dehydration risk.

Physical diagnosis: Hydration status, weight, medication review.

Lab diagnosis: Electrolytes, renal function if severe.

Herbs used (most effective): Ginger, peppermint, chamomile.

Active phytochemicals: Gingerols, shogaols, menthol, apigenin.

Mechanism: 5-HT3 modulation, gastric motility support, antispasmodic calming.

Dose: Ginger 250–500 mg 2–4 times/day; peppermint tea 1 cup after meals; chamomile tea 1–3 cups/day.

Method of use: Oral adjunct with standard antiemetics.

Contraindications: Severe vomiting, bowel obstruction, high bleeding risk.

Interactions: Ginger with anticoagulants/antiplatelets.

Evidence: Moderate supportive evidence for ginger.

References: NCCIH; EMA/HMPC Ginger; WHO.

78. Cholecystitis

Symptoms: Right-upper-quadrant pain, fever, nausea, vomiting, Murphy sign.

Physical diagnosis: Abdominal exam, Murphy sign, fever assessment.

Lab diagnosis: CBC, liver enzymes, bilirubin, amylase/lipase, ultrasound/HIDA scan.

Herbs used (most effective): Peppermint; Turmeric; Milk thistle.

Active phytochemicals: Peppermint: menthol; menthone; Turmeric: curcuminoids; turmerones; Milk thistle: silymarin; silibinin.

Mechanism: Peppermint: smooth-muscle antispasmodic. Turmeric: bile-flow/anti-inflammatory support. Milk thistle: hepatobiliary antioxidant support.

Dose: Peppermint: Enteric oil 0.2–0.4 mL 2–3 times/day or tea 1–3 cups/day; Turmeric: Curcumin 500–1,000 mg/day with food; Milk thistle: 140 mg 2–3 times/day standardized extract.

Method of use: Peppermint: Oral enteric capsules for IBS cramps; tea for dyspepsia; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis.

Contraindications: Peppermint: GERD, hiatal hernia, gallbladder obstruction caution; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Milk thistle: Acute liver failure without care; Asteraceae allergy.

Interactions: Peppermint: May worsen reflux; may affect CYP metabolism in high doses; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution.

Evidence: Peppermint: Moderate evidence for IBS pain; monograph digestive support; Turmeric: Moderate supportive anti-inflammatory evidence; Milk thistle: Supportive hepatoprotective evidence.

References: EMA/HMPC peppermint; NCCIH turmeric/milk thistle; WHO.

79. Chronic allergic conjunctivitis

Symptoms: Itchy red eyes, tearing, eyelid swelling, recurrent seasonal/perennial symptoms.

Physical diagnosis: Eye exam, conjunctival injection, allergic signs.

Lab diagnosis: Allergy testing if persistent; ophthalmology exam if severe.

Herbs used (most effective): Chamomile, eyebright, green tea.

Active phytochemicals: Apigenin, iridoids/flavonoids, catechins.

Mechanism: Anti-inflammatory and antioxidant eye-symptom support.

Dose: Sterile commercial herbal eye products only; green tea 1–2 cups/day.

Method of use: Avoid non-sterile homemade eye drops; use only sterile ophthalmic preparations.

Contraindications: Eye pain, photophobia, vision loss, contact lens infection risk.

Interactions: Minimal oral; avoid contaminated topical preparations.

Evidence: Limited supportive evidence.

References: EMA/HMPC Chamomile; WHO.

80. Chronic anal fissure

Symptoms: Severe pain during defecation, bright-red bleeding, sphincter spasm.

Physical diagnosis: Perianal inspection and fissure identification.

Lab diagnosis: Usually clinical; colonoscopy if atypical or red flags.

Herbs used (most effective): Psyllium, aloe vera, calendula, chamomile.

Active phytochemicals: Soluble fiber, polysaccharides, triterpenes, apigenin.

Mechanism: Stool softening, mucosal healing, anti-inflammatory soothing.

Dose: Psyllium 5–10 g/day with water; aloe/calendula topical thin layer; chamomile sitz bath.

Method of use: Oral fiber plus topical/local supportive care.

Contraindications: Crohn-related fissures, severe bleeding, abscess.

Interactions: Psyllium reduces absorption of medications; separate by 2 hours.

Evidence: Moderate for fiber; supportive for topical herbs.

References: EMA/HMPC Psyllium/Calendula/Chamomile; WHO.

81. Chronic cough

Symptoms: Persistent cough >8 weeks, throat irritation.

Physical diagnosis: Respiratory examination.

Lab diagnosis: Chest X-ray, spirometry, CBC.

Herbs used (most effective): Thyme; Ivy leaf; Marshmallow root.

Active phytochemicals: Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Marshmallow root: mucilage polysaccharides.

Mechanism: Expectorant, mucolytic and demulcent actions.

Dose: Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Marshmallow root: 2–5 g dried root/day as tea/cold macerate.

Method of use: Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Marshmallow root: Oral demulcent; separate medicines.

Contraindications: Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Marshmallow root: Dysphagia/aspiration risk.

Interactions: Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Marshmallow root: May reduce drug absorption; separate by 2 hours.

Evidence: Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Marshmallow root: Monograph-supported demulcent cough/GI evidence.

References: EMA/HMPC Thyme/Ivy; WHO.

82. Chronic fatigue syndrome

Symptoms: Severe fatigue, post-exertional malaise, unrefreshing sleep, cognitive symptoms.

Physical diagnosis: Clinical criteria, exclusion of alternative causes.

Lab diagnosis: CBC, TSH, ferritin, B12, vitamin D, ESR/CRP, metabolic panel.

Herbs used (most effective): Rhodiola; Ashwagandha; Ginseng; Green tea.

Active phytochemicals: Rhodiola: rosavins; salidroside; Ashwagandha: withanolides; withaferin A; Ginseng: ginsenosides; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Rhodiola/Ashwagandha/Ginseng: adaptogenic stress-axis and fatigue support. Green tea: antioxidant and mild stimulant support.

Dose: Rhodiola: 200–400 mg/day morning; Ashwagandha: 300–600 mg/day standardized root extract; Ginseng: 200–400 mg/day standardized extract; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Rhodiola: Oral adaptogen/fatigue adjunct; Ashwagandha: Oral adaptogen; monitor thyroid/sedation; Ginseng: Oral adaptogen/fatigue/sexual function adjunct; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Rhodiola: Bipolar disorder, anxiety/insomnia if stimulating; Ashwagandha: Pregnancy, hyperthyroidism, autoimmune disease caution, liver injury history; Ginseng: Insomnia, uncontrolled hypertension, bipolar disorder caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Rhodiola: Stimulants, antidepressants, antihypertensives; Ashwagandha: Sedatives, thyroid drugs, immunosuppressants, antidiabetics; Ginseng: Anticoagulants, antidiabetics, stimulants; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Rhodiola: Supportive fatigue/stress evidence; Ashwagandha: Moderate supportive stress/sleep evidence; Ginseng: Supportive fatigue/metabolic evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; EMA/HMPC; WHO; adaptogen clinical reviews.

83. Chronic gastritis

Symptoms: Epigastric pain, nausea, bloating.

Physical diagnosis: Abdominal examination.

Lab diagnosis: H. pylori testing, endoscopy.

Herbs used (most effective): Licorice DGL; Chamomile; Ginger; Aloe vera.

Active phytochemicals: Licorice DGL: glycyrrhizin; glabridin; flavonoids; Chamomile: apigenin; bisabolol; chamazulene; Ginger: gingerols; shogaols; Aloe vera: acemannan; polysaccharides; anthraquinones in latex.

Mechanism: Mucosal healing, anti-inflammatory and antiemetic support.

Dose: Licorice DGL: DGL 380 mg before meals; topical 1–2% for pigment/skin; Chamomile: Tea 1–3 cups/day; gargle/rinse/compress as needed; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Aloe vera: Topical gel thin layer 1–3 times/day; oral only as approved product.

Method of use: Licorice DGL: Prefer DGL for gastric/mucosal use; separate from BP-sensitive patients; Chamomile: Oral tea or topical/local compress/rinse; Ginger: Oral

tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Aloe vera: Topical for burns, dermatitis, wounds or mucosal soothing.

Contraindications: Licorice DGL: Hypertension, hypokalemia, CKD, heart failure unless DGL/topical; Chamomile: Asteraceae allergy; sedative caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Aloe vera: Aloe latex in pregnancy, bowel obstruction, CKD; allergy.

Interactions: Licorice DGL: Interacts with diuretics, digoxin, corticosteroids, antihypertensives; Chamomile: May add to sedatives/alcohol; warfarin caution in high intake; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Aloe vera: Aloe latex may interact with diuretics/digoxin via hypokalemia; antidiabetics caution.

Evidence: Licorice DGL: Supportive mucosal evidence; safety depends on formulation; Chamomile: Monograph-supported calming/GI/skin evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Aloe vera: Supportive to moderate wound/skin evidence.

References: EMA/HMPC; NCCIH; WHO.

84. Chronic kidney disease

Symptoms: Fatigue, edema, hypertension, pruritus, nocturia, anorexia.

Physical diagnosis: BP, edema, cardiovascular and renal assessment.

Lab diagnosis: Creatinine/eGFR, albuminuria, electrolytes, urinalysis, renal ultrasound.

Herbs used (most effective): Cranberry; Green tea; Cinnamon; Fenugreek.

Active phytochemicals: Cranberry: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Green tea: EGCG; catechins; L-theanine; caffeine; Cinnamon: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Fenugreek: polyphenols; flavonoids; terpenoids or condition-relevant constituents.

Mechanism: Cranberry: UTI prevention support. Green tea: antioxidant/endothelial support. Cinnamon/Fenugreek: metabolic glycemic support in diabetic risk.

Dose: Cranberry: Use standardized adult dose per product monograph; start low and monitor; Green tea: 1–3 cups/day or standardized extract per label; Cinnamon: Use standardized adult dose per product monograph; start low and monitor; Fenugreek: Use standardized adult dose per product monograph; start low and monitor.

Method of use: Cranberry: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring; Cinnamon: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Fenugreek: Use as adjunct after diagnosis; prefer standardized products and clinician supervision.

Contraindications: Cranberry: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity; Cinnamon: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Fenugreek: Pregnancy, lactation, children, severe disease and organ failure require professional guidance.

Interactions: Cranberry: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin; Cinnamon: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Fenugreek: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs.

Evidence: Cranberry: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence; Cinnamon: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Fenugreek: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition.

References: NCCIH; EMA/HMPC; WHO.

85. Chronic kidney stones recurrence

Symptoms: Recurrent flank pain, hematuria, urinary discomfort.

Physical diagnosis: Renal angle tenderness, hydration assessment.

Lab diagnosis: Urinalysis, stone analysis, 24-hour urine, CT/ultrasound.

Herbs used (most effective): Chanca piedra, goldenrod, nettle.

Active phytochemicals: Lignans/flavonoids, saponins, minerals.

Mechanism: Diuretic, smooth-muscle and crystallization-supportive effects.

Dose: Goldenrod tea 2–4 g/day; nettle tea 2–4 g/day; chanca piedra extract per standardized product.

Method of use: Oral adjunct with hydration and metabolic evaluation.

Contraindications: Obstructing stone, fever, AKI.

Interactions: Diuretics, lithium.

Evidence: Limited supportive evidence.

References: EMA/HMPC Goldenrod/Nettle; WHO.

86. Chronic liver disease

Symptoms: Fatigue, jaundice, ascites, bruising, pruritus, encephalopathy.

Physical diagnosis: Hepatomegaly, ascites, spider angiomas, edema.

Lab diagnosis: ALT/AST, bilirubin, INR, albumin, platelets, viral markers, ultrasound/elastography.

Herbs used (most effective): Milk thistle; Turmeric; Green tea.

Active phytochemicals: Milk thistle: silymarin; silibinin; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Milk thistle: antioxidant hepatocyte membrane stabilization. Turmeric: anti-inflammatory/fibrosis pathway modulation. Green tea: catechin antioxidant effects.

Dose: Milk thistle: 140 mg 2–3 times/day standardized extract; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Milk thistle: Acute liver failure without care; Asteraceae allergy; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Milk thistle: Supportive hepatoprotective evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH milk thistle/turmeric/green tea; WHO; EMA/HMPC.

87. Chronic migraine

Symptoms: Headache ≥15 days/month, nausea, photophobia.

Physical diagnosis: Neurologic exam, migraine diary.

Lab diagnosis: MRI if red flags; otherwise clinical.

Herbs used (most effective): Feverfew, butterbur, ginger, peppermint oil.

Active phytochemicals: Parthenolide, petasins, gingerols, menthol.

Mechanism: Serotonin/inflammatory modulation, leukotriene inhibition, antiemetic effect, topical analgesia.

Dose: Feverfew 50–100 mg/day; PA-free butterbur 50–75 mg twice/day; ginger 250–500 mg as needed; peppermint oil topical diluted.

Method of use: Preventive oral use; topical peppermint for tension component.

Contraindications: Pregnancy; liver disease with butterbur; allergy to Asteraceae.

Interactions: Anticoagulants, antiplatelets.

Evidence: Moderate for feverfew/butterbur; supportive for ginger.

References: EMA/HMPC; NCCIH.

88. Chronic migraine with aura

Symptoms: Recurrent migraine plus visual/sensory aura, nausea, photophobia.

Physical diagnosis: Neurologic exam, aura characterization, vascular risk assessment.

Lab diagnosis: MRI if atypical aura or red flags.

Herbs used (most effective): Feverfew, ginger, magnesium-rich nettle, lavender.

Active phytochemicals: Parthenolide, gingerols, minerals/flavonoids, linalool.

Mechanism: Neurovascular/inflammatory modulation, antiemetic, anxiolytic support.

Dose: Feverfew 50–100 mg/day; ginger 250–500 mg for nausea; lavender aromatherapy or 80 mg/day.

Method of use: Preventive adjunct with migraine diary.

Contraindications: Pregnancy, anticoagulants, unusual neurologic aura needing urgent care.

Interactions: Feverfew/ginger with anticoagulants and antiplatelets.

Evidence: Moderate for feverfew; supportive for ginger/lavender.

References: EMA/HMPC Feverfew/Lavender; NCCIH Ginger.

89. Chronic obstructive pulmonary disease

Symptoms: Chronic cough, sputum, dyspnea, wheeze, exercise limitation.

Physical diagnosis: Barrel chest, reduced breath sounds, wheeze, oxygen saturation.

Lab diagnosis: Spirometry post-bronchodilator, chest imaging, CBC, ABG if severe.

Herbs used (most effective): Thyme; Ivy leaf; Pelargonium; Echinacea.

Active phytochemicals: Thyme: thymol; carvacrol; rosmarinic acid; Ivy leaf: hederacoside C; alpha-hederin saponins; Pelargonium: umckalin; coumarins; polyphenols; Echinacea: alkylamides; caffeic acid derivatives.

Mechanism: Thyme: expectorant phenolics. Ivy: secretolytic/bronchodilator saponins. Pelargonium: anti-adhesion/mucociliary support. Echinacea: immune support for exacerbation prevention.

Dose: Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Ivy leaf: Standardized syrup/extract per label; Pelargonium: EPs 7630 or standardized extract per label; Echinacea: Extract per label for short-term use; tea 1–3 cups/day.

Method of use: Thyme: Oral expectorant; gargle for throat; Ivy leaf: Oral secretolytic cough adjunct; Pelargonium: Oral short-term respiratory adjunct; Echinacea: Oral short-term immune/URTI support.

Contraindications: Thyme: Pregnancy high-dose oil, allergy; Ivy leaf: Children dosing requires product guidance; pregnancy caution; Pelargonium: Liver disease caution; anticoagulant caution; Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants.

Interactions: Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Ivy leaf: GI upset possible; avoid excessive dose; Pelargonium: Potential bleeding/liver caution; Echinacea: May interact with immunosuppressants; allergy risk.

Evidence: Thyme: Monograph-supported cough/bronchitis evidence; Ivy leaf: Monograph-supported cough evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Echinacea: Mixed to moderate URTI supportive evidence.

References: EMA/HMPC; Cochrane reviews; NCCIH; WHO.

90. Chronic pain syndrome

Symptoms: Persistent pain, fatigue, sleep disturbance, mood symptoms, disability.

Physical diagnosis: Pain mapping, musculoskeletal/neurological exam, functional assessment.

Lab diagnosis: Cause-directed tests; ESR/CRP, imaging, nerve studies when indicated.

Herbs used (most effective): Turmeric; Ginger; Boswellia; Capsaicin.

Active phytochemicals: Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols; Boswellia: boswellic acids AKBA/KBA; Capsaicin: capsaicinoids.

Mechanism: Turmeric: NF-κB/COX-2 suppression. Ginger: COX/LOX modulation. Boswellia: 5-LOX inhibition. Capsaicin: TRPV1 desensitization.

Dose: Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day; Boswellia: 300–500 mg extract 2–3 times/day; Capsaicin: 0.025–0.075% cream 2–4 times/day.

Method of use: Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation; Boswellia: Oral anti-inflammatory adjunct; Capsaicin: Topical to intact skin; wash hands; avoid eyes.

Contraindications: Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution; Boswellia: Pregnancy caution; GI upset; Capsaicin: Broken skin, mucosa, severe irritation.

Interactions: Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP; Boswellia: Anticoagulants/NSAIDs caution; Capsaicin: Minimal systemic; additive skin irritation.

Evidence: Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence; Boswellia: Moderate supportive osteoarthritis/inflammatory pain evidence; Capsaicin: Moderate evidence for neuropathic and musculoskeletal pain.

References: NCCIH turmeric/ginger; WHO; EMA/HMPC; clinical pain reviews.

91. Chronic pelvic pain syndrome

Symptoms: Pelvic pain >6 months, urinary/sexual/bowel symptoms.

Physical diagnosis: Pelvic floor, urologic and gynecologic assessment.

Lab diagnosis: Urinalysis, cultures, ultrasound, STI tests.

Herbs used (most effective): Turmeric, chamomile, quercetin-rich herbs, saw palmetto in men.

Active phytochemicals: Curcuminoids, apigenin, quercetin, phytosterols.

Mechanism: Anti-inflammatory, muscle relaxation, prostate/bladder support.

Dose: Curcumin 500–1,000 mg/day; chamomile tea 1–3 cups/day; quercetin 500 mg/day.

Method of use: Oral adjunct with pelvic physiotherapy.

Contraindications: Undiagnosed pelvic mass, infection.

Interactions: Curcumin/quercetin with anticoagulants.

Evidence: Supportive; condition-specific evidence limited.

References: NCCIH; EMA/HMPC.

92. Chronic prostatitis

Symptoms: Pelvic pain, urinary symptoms, painful ejaculation.

Physical diagnosis: Prostate examination.

Lab diagnosis: Urinalysis, PSA, culture if indicated.

Herbs used (most effective): Saw palmetto; Nettle root; Pygeum.

Active phytochemicals: Saw palmetto: free fatty acids; beta-sitosterol; phytosterols; Nettle root: flavonoids; lignans; minerals; lectins; Pygeum: phytosterols; triterpenes; ferulic esters.

Mechanism: Anti-inflammatory and urinary support.

Dose: Saw palmetto: 320 mg/day liposterolic extract; Nettle root: Leaf 2–4 g/day; root 300–600 mg/day; Pygeum: 50–100 mg/day extract.

Method of use: Saw palmetto: Oral BPH/androgenic adjunct for 8–12 weeks; Nettle root: Oral tea/extract; leaf urinary/allergy, root prostate support; Pygeum: Oral LUTS/BPH adjunct.

Contraindications: Saw palmetto: Pregnancy exposure, prostate cancer not excluded; Nettle root: CKD/fluid restriction caution; pregnancy caution; Pygeum: Prostate cancer/urinary retention require medical care.

Interactions: Saw palmetto: Anticoagulants, hormonal drugs; Nettle root: Diuretics, lithium, antihypertensives, antidiabetics; Pygeum: Anticoagulants caution.

Evidence: Saw palmetto: Mixed but common supportive BPH evidence; Nettle root: Monograph-supported urinary support; supportive allergy/BPH evidence; Pygeum: Supportive BPH/LUTS evidence.

References: EMA/HMPC Serenoa/Pygeum/Urtica; NCCIH.

93. Chronic pruritus

Symptoms: Persistent itching >6 weeks, excoriations, sleep disturbance.

Physical diagnosis: Skin exam; systemic liver, renal, thyroid and hematologic assessment.

Lab diagnosis: CBC, LFTs, renal function, TSH, ferritin if unexplained.

Herbs used (most effective): Chamomile, aloe vera, calendula, nettle.

Active phytochemicals: Apigenin, polysaccharides, triterpenes, flavonoids.

Mechanism: Anti-inflammatory, soothing, barrier repair and antihistamine-like support.

Dose: Aloe/calendula topical twice/day; chamomile bath/compress; nettle tea 2–4 g/day.

Method of use: Topical-first; investigate systemic causes.

Contraindications: Jaundice, renal failure symptoms, generalized severe rash.

Interactions: Sedatives with chamomile; diuretics with nettle caution.

Evidence: Supportive.

References: EMA/HMPC Calendula/Chamomile/Nettle; NCCIH.

94. Chronic rhinosinusitis

Symptoms: Nasal blockage, facial pressure, reduced smell, postnasal drip >12 weeks.

Physical diagnosis: Nasal endoscopy, sinus tenderness, polyp assessment.

Lab diagnosis: CT sinuses, allergy testing, culture if purulent/refractory.

Herbs used (most effective): Echinacea; Pelargonium; Thyme; Butterbur.

Active phytochemicals: Echinacea: alkylamides; caffeic acid derivatives; Pelargonium: umckalin; coumarins; polyphenols; Thyme: thymol; carvacrol; rosmarinic acid; Butterbur: petasins; isopetasins.

Mechanism: Echinacea: immune modulation. Pelargonium: mucociliary/anti-adhesion. Thyme: expectorant. Butterbur: leukotriene allergy modulation.

Dose: Echinacea: Extract per label for short-term use; tea 1–3 cups/day; Pelargonium: EPs 7630 or standardized extract per label; Thyme: Tea 1–2 g herb 2–3 times/day or syrup per label; Butterbur: PA-free extract 50–75 mg twice/day.

Method of use: Echinacea: Oral short-term immune/URTI support; Pelargonium: Oral short-term respiratory adjunct; Thyme: Oral expectorant; gargle for throat; Butterbur: Oral only as certified PA-free product.

Contraindications: Echinacea: Autoimmune disease, Asteraceae allergy, immunosuppressants; Pelargonium: Liver disease caution; anticoagulant caution; Thyme: Pregnancy high-dose oil, allergy; Butterbur: Liver disease, pregnancy, non-PA-free products.

Interactions: Echinacea: May interact with immunosuppressants; allergy risk; Pelargonium: Potential bleeding/liver caution; Thyme: Minimal at tea doses; essential oil irritation/toxicity if misused; Butterbur: Hepatotoxicity risk if PA-contaminated; sedative caution.

Evidence: Echinacea: Mixed to moderate URTI supportive evidence; Pelargonium: Moderate supportive acute bronchitis/URTI evidence; Thyme: Monograph-supported cough/bronchitis evidence; Butterbur: Moderate migraine evidence; supportive allergy evidence.

References: EMA/HMPC; Cochrane reviews; NCCIH; WHO.

95. Chronic tension-type headache

Symptoms: Bilateral pressing headache, neck tension, stress association.

Physical diagnosis: Neurologic exam, cervical muscle tenderness.

Lab diagnosis: Usually clinical; imaging if red flags.

Herbs used (most effective): Peppermint oil, lavender, chamomile.

Active phytochemicals: Menthol, linalool, apigenin.

Mechanism: Topical analgesia, anxiolysis, muscle relaxation.

Dose: Diluted peppermint oil topical to temples/neck; lavender oil 80 mg/day or aromatherapy; chamomile tea 1–3 cups/day.

Method of use: Topical/oral adjunct with posture and stress management.

Contraindications: Skin allergy, infants with menthol exposure.

Interactions: Lavender/chamomile with sedatives.

Evidence: Moderate supportive for peppermint topical headache relief.

References: EMA/HMPC Peppermint/Lavender/Chamomile.

96. Chronic tonsillar hypertrophy

Symptoms: Snoring, recurrent sore throat, mouth breathing, swallowing difficulty.

Physical diagnosis: ENT exam, tonsil grading, sleep-disordered breathing assessment.

Lab diagnosis: Throat culture if infection; sleep study if apnea suspected.

Herbs used (most effective): Sage, thyme, marshmallow root, licorice.

Active phytochemicals: Rosmarinic acid, thymol, mucilage, flavonoids.

Mechanism: Antimicrobial throat support, demulcent and anti-inflammatory effects.

Dose: Sage gargle 2–3 times/day; thyme tea 1–2 g/day; marshmallow tea 2–5 g/day.

Method of use: Gargle/tea as supportive care.

Contraindications: Obstructive sleep apnea, peritonsillar abscess, recurrent severe infection.

Interactions: Mucilage may reduce drug absorption; licorice systemic effects if glycyrrhizin-containing.

Evidence: Traditional/monograph supportive evidence.

References: EMA/HMPC Sage/Thyme/Marshmallow; WHO.

97. Chronic urticaria

Symptoms: Recurrent itchy wheals >6 weeks, angioedema sometimes.

Physical diagnosis: Skin exam, trigger review.

Lab diagnosis: CBC, ESR/CRP, thyroid autoantibodies if indicated.

Herbs used (most effective): Nettle, butterbur, chamomile.

Active phytochemicals: Flavonoids, petasins, apigenin.

Mechanism: Antihistamine-like, leukotriene-modulating, anti-inflammatory support.

Dose: Nettle leaf 2–4 g/day; PA-free butterbur 50 mg twice/day; chamomile tea 1–3 cups/day.

Method of use: Oral adjunct with antihistamines if needed.

Contraindications: Liver disease with butterbur; pregnancy caution.

Interactions: Sedatives/allergy drugs caution.

Evidence: Limited to supportive.

References: EMA/HMPC Nettle/Chamomile; NCCIH Butterbur.

98. Chronic venous insufficiency

Symptoms: Leg swelling, heaviness, varicosities, skin discoloration.

Physical diagnosis: Venous examination.

Lab diagnosis: Doppler ultrasound.

Herbs used (most effective): Horse chestnut; Gotu kola; Ginkgo.

Active phytochemicals: Horse chestnut: aescin; flavonoids; Gotu kola: polyphenols; flavonoids; terpenoids or condition-relevant constituents; Ginkgo: ginkgolides; bilobalide; flavone glycosides.

Mechanism: Venotonic and microcirculatory support.

Dose: Horse chestnut: Standardized aescin 50 mg twice/day; Gotu kola: Use standardized adult dose per product monograph; start low and monitor; Ginkgo: 120–240 mg/day standardized extract.

Method of use: Horse chestnut: Oral venotonic adjunct; topical products per label; Gotu kola: Use as adjunct after diagnosis; prefer standardized products and clinician supervision; Ginkgo: Oral cognitive/microcirculatory adjunct.

Contraindications: Horse chestnut: Kidney/liver disease, pregnancy; raw seeds toxic; Gotu kola: Pregnancy, lactation, children, severe disease and organ failure require professional guidance; Ginkgo: Bleeding risk, epilepsy/seizure caution, pre-surgery.

Interactions: Horse chestnut: Anticoagulants/antiplatelets caution; Gotu kola: Check anticoagulants, antidiabetics, antihypertensives, sedatives and narrow-therapeutic-index drugs; Ginkgo: Anticoagulants/antiplatelets; seizure threshold drugs.

Evidence: Horse chestnut: Moderate evidence for chronic venous insufficiency; Gotu kola: Evidence varies: monograph-supported/traditional/preclinical depending herb and condition; Ginkgo: Moderate supportive cognitive/circulatory evidence.

References: EMA/HMPC Horse chestnut; NCCIH.

99. Cirrhosis

Symptoms: Fatigue, jaundice, ascites, edema, variceal bleeding, confusion.

Physical diagnosis: Ascites, hepatosplenomegaly, spider nevi, encephalopathy signs.

Lab diagnosis: LFTs, INR, albumin, platelets, ultrasound, elastography, endoscopy.

Herbs used (most effective): Milk thistle; Turmeric; Green tea.

Active phytochemicals: Milk thistle: silymarin; silibinin; Turmeric: curcuminoids; turmerones; Green tea: EGCG; catechins; L-theanine; caffeine.

Mechanism: Milk thistle: antioxidant hepatoprotection. Turmeric: anti-inflammatory/fibrosis modulation. Green tea: antioxidant support.

Dose: Milk thistle: 140 mg 2–3 times/day standardized extract; Turmeric: Curcumin 500–1,000 mg/day with food; Green tea: 1–3 cups/day or standardized extract per label.

Method of use: Milk thistle: Oral liver-support adjunct; avoid delaying diagnosis; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Green tea: Oral beverage preferred; avoid high-dose extracts without monitoring.

Contraindications: Milk thistle: Acute liver failure without care; Asteraceae allergy; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Green tea: Liver disease caution with high-dose extracts; caffeine sensitivity.

Interactions: Milk thistle: Possible CYP/P-gp interactions; antidiabetics caution; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Green tea: Caffeine interactions; high-dose extract hepatotoxicity risk; may affect warfarin.

Evidence: Milk thistle: Supportive hepatoprotective evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Green tea: Supportive cardiometabolic, antioxidant and dermatologic evidence.

References: NCCIH; WHO; EMA/HMPC.

100. Coccyx pain (Coccydynia)

Symptoms: Tailbone pain worsened by sitting.

Physical diagnosis: Local tenderness examination.

Lab diagnosis: X-ray/MRI if trauma suspected.

Herbs used (most effective): Arnica; Turmeric; Ginger.

Active phytochemicals: Arnica: sesquiterpene lactones; helenalin; Turmeric: curcuminoids; turmerones; Ginger: gingerols; shogaols.

Mechanism: Anti-inflammatory analgesic effects.

Dose: Arnica: Topical gel/cream 2–3 times/day; Turmeric: Curcumin 500–1,000 mg/day with food; Ginger: 250–500 mg extract 1–3 times/day or tea 1–3 cups/day.

Method of use: Arnica: Topical only on intact skin; Turmeric: Oral standardized extract; topical only in suitable dermatologic preparations; Ginger: Oral tea/capsule with meals; use as adjunct for nausea, pain or inflammation.

Contraindications: Arnica: Broken skin, pregnancy, Asteraceae allergy; oral use unsafe; Turmeric: Gallbladder obstruction, anticoagulant use caution, pregnancy high-dose caution; Ginger: Bleeding disorders, anticoagulant therapy, gallstones caution.

Interactions: Arnica: Minimal topical; allergy/irritation possible; Turmeric: May increase bleeding risk; may interact with antidiabetics and chemotherapy in oncology patients; Ginger: May increase bleeding risk with anticoagulants/antiplatelets; may lower glucose/BP.

Evidence: Arnica: Monograph-supported bruise/sprain topical evidence; Turmeric: Moderate supportive anti-inflammatory evidence; Ginger: Moderate supportive evidence for nausea; supportive anti-inflammatory evidence.

References: EMA/HMPC Arnica; NCCIH.

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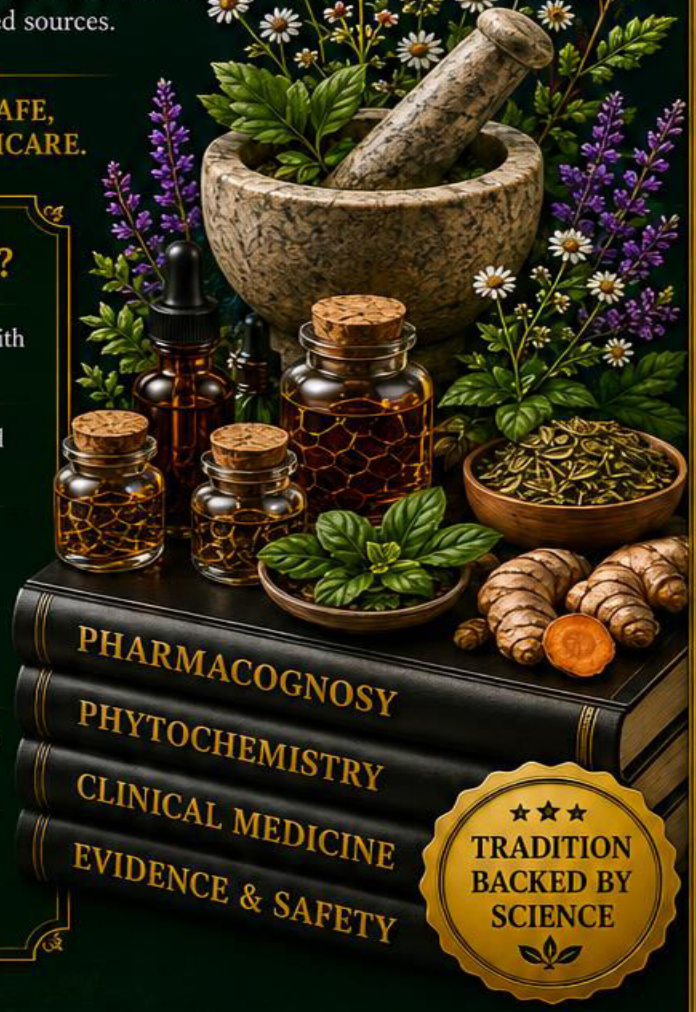

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